Testimony Supporting S.B. No. 910, An Act Expanding Medicaid Coverage for Post-Partum Care to Twelve Months After a Medicaid Beneficiary Gives Birth to a Child
and
Testimony Supporting H.B. No. 6472, An Act Concerning Telehealth

Samantha Lew, MSW
Human Services Committee
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Dear Representative Abercrombie, Senator Moore, Senator Berthel, Representative Case, and esteemed members of the Human Services Committee,

My name is Samantha Lew and I am testifying today on behalf of Health Equity Solutions, where I serve as the Policy Analyst and Advocacy Specialist. 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.

Testimony supporting H.B. No. 6472: An Act Concerning Telehealth

Health Equity Solutions supports extending Medicaid telehealth services. Telehealth services are key to equitable access to safe health services during the pandemic and beyond. Those in low-income communities and communities of color have been disproportionately impacted by COVID-19 and are disproportionately likely to struggle with barriers to care such as transportation and dependent care in non-pandemic times. For years telemedicine has been a proposed means of addressing social determinants of health that prevent people from seeking care. Yet, some limitations and questions about the ability of telehealth to address health equity remain.[1]

First, access to technology and broadband are barriers for many Connecticut residents. Some states are making strides towards both providing necessary internet/technology to access telehealth and expanding coverage.[2] States including Massachusetts and New York have issued resources to provide Medicaid beneficiaries with information about options for accessing technology required for telehealth. States such as Colorado, Nevada, Oregon, and Washington have agreed to work together to identify inequities, particularly those faced by tribal communities and communities of color, and to implement best practices that support telehealth services.[3]

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[1] IMPAQ Health and American Institutes for Research. "The Expansion of Telehealth: Equity Considerations for Providers & Payers." Retrieved from: https://impaqint.com/sites/default/files/issue-briefs/The%20Expansion%20of%20Telehealth_Issue%20Brief_1.2.pdf
[2] Jared Augenstein, Jacqueline Marks, *Executive Summary: Tracking Telehealth Changes State-by-State in Response to COVID-19 - January 2021*. Retrieved from https://www.jdsupra.com/legalnews/executive-summary-tracking-telehealth-8692451/
[3] Washington COVID-19 (Coronavirus), News & Media (2020). Retrieved from https://www.governor.wa.gov/news-media/washington-colorado-nevada-and-oregon-announce-coordination-telehealth

Lastly, in 2017 Tennessee created the Tennessee Broadband Accessibility Grant Program which offers resources, such as literacy through training and access to technology.[4]

As Connecticut was an early adopter of telehealth, the Governor has proposed expanding broadband access in H.B.6442. Yet, the Governor's proposal does not address inequities or anticipate increased need for access to technology. Long-term extensions of telehealth must address the digital divide if telehealth is to promote equity in access to healthcare. Telehealth—both video and audio-only—may have improved access for patients who would otherwise face barriers such as physical mobility, transportation, or dependent care. For others, access to services is still negatively impacted by a lack of access to technology.

Second, we must evaluate whether or not telehealth truly promotes equity. ***The report described in Section 1(e) should specifically examine disparities in access to care over time and analyze whether or not telehealth has an impact on racial and ethnic disparities in health care utilization.*** The impacts of systemic racism mean that a number of social and economic factors disproportionately limit access to care for Black and Latino residents of our state. Providers note that they are reaching many, but by no means all, of their prior patient populations via telehealth during the pandemic. Factors such as housing density, household size, and related privacy concerns are more likely to impact people of color and may limit the viability of telehealth for people facing these concerns. If Connecticut is intentional in our approach to equity in telehealth, we can work to address any gaps or inequities identified through this evaluation in future adjustments to Medicaid telehealth services. For example, barring a pandemic or other safety concerns, patients should be provided a choice regarding whether an appointment is in person or virtual so that any concerns about privacy or comfort with technology are accounted for. Further, issues related to English language proficiency and digital fluency could be addressed if the report identifies barriers for certain communities.

Over 850,000 residents in Connecticut, approximately 22% of the population, are covered by Medicaid.[5] In July, Public Act No. 20-2 extended and expanded telehealth services provided by Medicaid providers. For individuals who rely on telehealth coverage, the extension of these services will mean access to care as the COVID-19 pandemic continues. ***By expanding telehealth services for Medicaid beneficiaries for a period of two years and evaluating the impact of this extension on racial and ethnic disparities in health care, the state will be taking a key step in ensuring that all people in Connecticut, regardless of race, ethnicity, and/or socioeconomic status have equitable access to health care.***[6]

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[4] Kathryn de Wit and Anna Read, *How States Are Expanding Broadband Access.* Retrieved from https://www.bbcmag.com/community-broadband/how-states-are-expanding-broadband-access
[5] The Center for Medicaid and CHIP Services (CMCS). *September 2020 Medicaid & CHIP Enrollment Data Highlights*. Retrieved from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html
[6] Centers for Disease Control and Prevention. Childhood Lead Poisoning. Retrieved from: https://ephtracking.cdc.gov/showLeadPoisoningEnv

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Testimony Supporting S.B. No. 910, An Act Expanding Medicaid Coverage for Post-Partum Care to Twelve Months After a Medicaid Beneficiary Gives Birth to a Child

This proposal would advance one solution to disparities in birth outcomes by ensuring that all Medicaid enrollees who give birth are able to receive the postpartum care and attention needed to promote better birth outcomes in Connecticut.

In order to ensure our policy priorities are community informed, Health Equity Solutions conducts annual listening sessions. Healthcare access and affordability, addressing barriers to health, and maternal and infant health were some of the 2021 health equity priorities identified by community members and our partners.[7] As a result of these conversations and our analysis of the health equity impact of the proposals in this bill, **we strongly support expanding Medicaid coverage for post-partum care to twelve months.**

People of color living in Connecticut face dramatic health disparities. While Connecticut has one of the lowest uninsured rates in the United States, significant racial and ethnic disparities in coverage rates persist. Just 4% of Connecticut's white residents are uninsured compared to 8% of Black residents and 15% of Hispanic residents.[8] In Connecticut, people earning 100-199% FPL ($21,960-43,700) have the highest rate of uninsurance (13.9%) and those earning 200-399% FPL have the second highest rate of uninsurance (10.7%).[9] This is due, in large part, to the high costs of coverage, as this population includes most adults who just exceed Medicaid income limits. These income brackets also include many of the people eligible for Medicaid only during pregnancy since parents are eligible for HUSKY A when earning up to 160%FPL, but pregnant people are eligible when earning up to 263%FPL.

Uninsured birthing people in Connecticut are three to four times more likely to die of pregnancy-related complications than their insured counterparts.[10] Further, recent data shows 17% of women became uninsured between delivery and three to six months postpartum.[11] The loss of insurance after birth is even higher for Medicaid enrollees—about 31% of women in states that have expanded access to

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

[8] Connecticut Health Foundation. (2020) "Health Disparities in Connecticut: Cases, Effects, and What We Can Do." Retrieved from: https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf

[9] 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

[10] Connecticut Department of Public Health. *Healthy People 2020 State Health Assessment*. Retrieved from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/HCT2025/SHA-Chapters/3_MICH-chapter_CT_SHA_Report_Final060520-3.pdf

[11] Thiel de Bocanegra H, Braughton M, Bradsberry M, Howell M, Logan J, Schwarz EB. Racial and ethnic disparities in postpartum care and contraception in California's Medicaid program. Am J Obstet Gynecol. 2017 Jul;217(1):47.e1-47.e7. doi: 10.1016/j.ajog.2017.02.040. Epub 2017 Mar 3. PMID: 28263752.

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Medicaid, including Connecticut, experienced uninsurance in the postpartum period.[12] Extending pregnancy-related Medicaid coverage for 12 months postpartum could increase the number of people with access to treatment for complications related to birth.

Among high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths.[13] Connecticut sees substantial and persistent disparities in maternal deaths by race and ethnicity. Black people are more than three times as likely to die during or related to pregnancy than white people, regardless of socioeconomic status.[14] A majority of pregnancy-related deaths are preventable and are often tied to lack of access to care during the critical time following birth and the changes in coverage that can disrupt continuity of care.

Health equity will be achieved when every Connecticut resident is able to attain their optimal health without regard to race, ethnicity, or socioeconomic status. S.B. 910 furthers health equity by increasing access to health care during the postpartum period. **We strongly urge the Human Services Committee to support S.B. 910.**

Thank you for the opportunity to testify in support of H.B. 6472 and S.B. 910. I can be reached with any questions at slew@hesct.org or 860.937.6432.

[12] Health Affairs, "High Rates of Perinatal Insurance Churn Persist after the ACA," September 2019, available at: https://www.healthaffairs.org/do/10.1377/ hblog20190913.387157/full/.
[13] UNICEF Data. Monitoring the situation of women and Children. Available at: https://data.unicef.org/topic/maternalhealth/maternal-mortality/
[14] Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm