



Testimony in Support of S.B. 356, An Act Requiring the Insurance Commissioner to Consider Affordability as a Factor in Reviewing Individual and Group Health Insurance Policy Premium Rate Filings

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Insurance and Real Estate Committee
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Dear Senator Lesser, Representative Wood, Senator Anwar, Representative Comey and esteemed members of the Insurance and Real Estate Committee.

Thank you for accepting this testimony in support of S.B. 356 on behalf of Health Equity Solutions (HES, 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. **HES supports the consideration of affordability in health insurance rate filings and recommends considering equity in insurance regulation.**

Black and Latino/a residents of Connecticut disproportionately lack health insurance; while this inequity improved in the years immediately following passage of the Affordable Care Act, it has remained steady for the past few years.¹ Further, 23% of respondents to a DataHaven survey noted they had postponed needed health care and 50% of those who postponed care noted that cost was a major factor.² This tells us that many Connecticut residents remain uninsured while others struggle to afford care because of the high out-of-pocket costs incurred even with insurance coverage.

The Insurance Commissioner has the authority to require health insurance plans to prioritize and address equity. For example, in California, the Insurance Commissioner directed health insurance companies to provide data on whether LGBTQ+ policyholders can find providers who are culturally competent in providing care to LGBTQ+ patients.³ Additionally, the Covered California Health Exchange requires health plans to adhere to the National Committee for Quality Assurance's (NCQA) Multicultural Health Care Distinction (MHC), which evaluates how well plans are collecting race/ethnicity and language data, providing language assistance, being culturally responsive, improving quality improvement of culturally and linguistically appropriate services (CLAS), and reducing health disparities.⁴

¹ U.S. Census Bureau. (2019) American Community Survey 1-year estimates, Tables S2701, Selected Characteristics of Health Insurance Coverage in the United States. Retrieved from:

<https://data.census.gov/cedsci/table?q=United%20States&t=Health%20Insurance&g=0400000US09>

² DataHaven. (2018) 2018 Community Well-Being Survey. Retrieved from:

<https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven2018%20Connecticut%20Statewide%20Crosstabs%20Pub.pdf>

³ California Department of Insurance. (2021) Commissioner Lara Take Action to Expand Culturally Competent Health Care Access to LGBTQ+ Californians. Retrieved from: <http://www.insurance.ca.gov/0400-news/0100-press-releases/2021/release065-2021.cfm>

⁴ Bennett, J. (2021) "Health Equity: California Dreams for an Equitable Future". Retrieved from: <https://blog.ncqa.org/health-equity-california-dreams-for-an-equitable-future/>



HES urges the passage of this bill and asks that the Department of Insurance consider both affordability and equity in rate filing and other regulatory processes. Thank you for the opportunity to support this testimony in support of S.B.356, An Act Requiring the Insurance Commissioner to Consider Affordability as a Factor in Reviewing Individual and Group Health Insurance Policy Premium Rate Filings. We can be reached with any questions at ksiegel@hesct.org or 860.937.6437.