



Testimony Supporting S.B. 34 An Act Concerning Funding the Covered Connecticut Program

Karen Siegel, MPH
Appropriations Committee
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Dear Senator Osten, Representative Walker, and esteemed members of the Appropriations Committee,

Thank you for accepting this testimony in support of S.B. 34 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.

Each year, HES conducts annual listening sessions to inform our policy agenda. For 2022, health care access and affordability was one of the top two health equity priorities identified by our partners.¹ We support the state's efforts to create affordable health insurance options for more of Connecticut's residents and urge the state to ***expand the reach of our state's Covered CT program, fund community-based health navigators, and to carefully track Covered CT*** to evaluate its ability to reduce inequities in health care coverage and cost experienced by Black, Indigenous, Latino/a, and other people of color in our state.

Lack of health insurance is one of the most significant barriers to health and, though Connecticut has one of the lowest uninsured rates in the United States, significant racial and ethnic disparities in coverage rates persist.² HES lauds the important steps taken in 2021 to create affordable health insurance options for some immigrants and some low-income households in our state. Unfortunately, many Connecticut residents still lack options for insurance they can afford to both enroll in and use. Some families have access to employer-sponsored insurance, which means they are not eligible for subsidies, but find that coverage too costly. Others earn over 175% of the federal poverty level (FPL) and find subsidies on Access Health CT still leave them with high out-of-pocket costs. An adult working full-time and earning minimum wage today, before the minimum wage increases in July 2022 and June 2023, already exceeds eligibility for Covered CT for a household of one. For a family of 4 earning \$54,080 (just above the current eligibility limit for Covered CT) covering two adults means spending up to \$14,328 in premiums, deductibles, and cost-sharing. That's over 26% of the family's annual

¹ Health Equity Solutions. Health Equity Solutions 2021 Listening Sessions. Retrieved from: <https://www.hesct.org/blog/health-equity-solutions-2021-listening-sessions/>

² 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>

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income.³Increasing the eligibility limit for Covered CT will increase the likelihood of families staying insured when they lose HUSKY coverage and improve access to health care by removing cost burdens.

The impact of Covered CT will depend on both enrollment and utilization. **HES strongly urges the state to fund community-based health navigators or community health workers (CHWs)** to ensure people can navigate the increasingly complex health insurance options and access care. Very few individuals have enrolled in Covered CT in the months since the option became available in July. While this may be due in part to some caregivers remaining enrolled in HUSKY due to the pandemic-related maintenance of effort requirements, this also suggests that Covered CT marketing efforts are not reaching eligible individuals. More targeted outreach through trusted, community- and faith-based organizations would build on lessons learned from pandemic-related outreach. In addition, the dental and transportation benefits are key to the wellbeing of enrollees and navigators could play a vital role in ensuring Covered CT enrollees are aware of and know how to use these benefits.

Further, churn—individuals moving on and off of HUSKY due to changes in income or difficulty filing paperwork—has long been a concern. According to presentations by the state’s Medicaid program, prior to the pandemic nearly 25% of HUSKY D members were disenrolled at least once per year. Thus, it is likely that a significant number of state residents will be enrolled in both Covered CT and HUSKY in any given year. While Covered CT increases the possibility these residents will remain insured, the process remains confusing. Those moving from HUSKY to Covered CT will see a change in covered benefits and provider networks. Enrollees, particularly those with chronic health care needs, may find it difficult to maintain continuity of care should their HUSKY provider not accept their new coverage or vice versa.

As noted in the Covered Connecticut Demonstration Waiver Application,⁴ redeterminations at the end of the public health emergency are anticipated to result in many state residents being found ineligible for HUSKY and offered enrollment in Covered CT. Therefore, ***actively supporting CHWs and community-based health navigators as a strategy within the public communications campaign is critical for residents from minoritized communities to receive the services for which they are eligible.***

Connecticut should also consider an “easy enrollment” option, like those⁵ being implemented and considered in other states. These efforts rely on tax filings to determine eligibility and engage in outreach to eligible individuals. While tax-based processes only reach individuals who file taxes, some states are also pursuing automatic enrollment processes, especially for individuals who lose Medicaid eligibility.

³ Information is from the least expensive silver plan available on AccessHealthCT.com for a family of 4 in Litchfield County earning 54,080 with adults ages 43 and 45 and children ages 8 and 10.

⁴ See documents related to this waiver here: <https://portal.ct.gov/DSS/Health-And-Home-Care/Covered-Connecticut-Demonstration-Program>

⁵ Schwab, R., Giovannelli, J., Lucia, K., & Corlette, S. (2021). State “Easy Enrollment” Programs Gain Momentum, Lay Groundwork for Additional Efforts to Expand Coverage. Retrieved from <https://www.commonwealthfund.org/blog/2021/state-easy-enrollment-programs-gain-momentum-lay-groundwork-additional-efforts-expand>

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To promote health equity and ensure Covered CT is serving our state as intended, ***it is important to track the progress of this new program and course-correct when necessary.*** To that end, we recommend the following:

- Stratify all metrics by race, ethnicity and, where possible, language consistent with the [PA 21-35 race, ethnicity, and language data collections standards](#)
- Ensure metrics assess program quality and responsiveness to diverse needs of enrollees; for example, process measures such as the number of rides completed do not evaluate the timeliness or adequacy of the services
- Require Covered CT to engage in enrollee outreach to gather qualitative and quantitative data on enrollee experience for quality improvement
- Track utilization, particularly of dental and transportation services, and state expenditures to cover cost sharing; low utilization can be an indicator of network inadequacy or uncertainty about the cost and process for using the insurance coverage
- Consider the adequacy of dental and NEMT networks to ensure care is accessible to all HUSKY and Covered CT enrollees
- Develop a clear plan for how the state will ensure access to affordable health care if enhanced premium subsidies should expire
- Develop clear, simple messaging on how Covered CT enrollees can seek support when receiving an errant bill from a provider; messaging should be included in standard enrollment and renewal communications and via navigators, as described above to ensure enrollees know their costs are covered

Thank you for the opportunity to submit this testimony in support of S.B. 34. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.