



Testimony Regarding H.B. 6659, An Act Concerning the State Budget for the Biennium Ending June 30, 2025, An Making Appropriations Therefor

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Appropriations Committee
Health Subcommittee
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Dear Representative Dillon, Senator Marx, Senator Somers, Representative Foncello, and esteemed members of the Health Subcommittee of the Appropriations Committee,

Thank you for accepting this testimony regarding **H.B. 6659** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status. Since many of the issues discussed in this testimony relate to the budgets of both health and human services agencies, we have combined our testimony on the Governor's budget proposals.

Access to Affordable Health Care

HES supports the efforts to ensure Medicaid enrollees who lose coverage during the pandemic-related redeterminations process can navigate the increasingly complex health insurance options and access care. ***These proposals (and the effort to fund school-based outreach included in S.B. 2) are an important start. Still, they are unlikely to fully meet the needs of Connecticut's residents*** during the post-pandemic redeterminations and in the longer term.

Access to health insurance is key to access to health care, and Black and Latino/a people in Connecticut continue to experience dramatic [inequities in insurance coverage rates](#). As the public health emergency ends and the maintenance of effort requirements for Medicaid expire, [hundreds of thousands](#) of state residents currently enrolled in Medicaid will likely be asked to document their income or be found ineligible for Medicaid. Parents and caregivers who no longer qualify for Medicaid will receive a one-year extension before losing their Medicaid coverage but may face coverage losses next year. Estimates by the federal government note the high level of administrative coverage losses (meaning loss of Medicaid by eligible people) [experienced by Latino/a, Black, Asian, and multiracial individuals](#).

These administrative losses are not unique to the pandemic. Churn—individuals moving on and off 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. Errant requests for payment may cause

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unnecessary stress and avoidance of care if enrollees do not understand their benefits and as providers and insurance carriers adjust to implementing Covered CT.

Ample evidence supports leveraging trusted messengers, and the [pandemic response has further validated](#) that this approach can erase disparities. **HES recommends a long-term plan to fund community-based organizations (including faith-based and local organizations) to employ community health workers** who will provide information, connect people to enrollment assistance, and help people understand what is covered and how to access those services.

The proposal (included in Sec. 4 of H.B. 6665) to allow Connecticut residents to opt into sharing their information with Access Health CT when filing their state taxes is commendable. It can help people understand and access their health insurance options. Clarifications based on [Maine's statute](#) might increase the effectiveness of this proposal. **We urge the legislature to take this effort to advance "easy enrollment" a step further and look to California** for an examples of how to simplify and facilitate the transition between Medicaid, Covered CT, and qualified health plans available on Access Health CT without any tax liability implications for enrollees.

HES strongly supports proposals not included here, in particular: access to health insurance for undocumented immigrants and Medicaid reimbursement for community health workers.

Addressing Medical Debt

HES supports the recommendation to allocate \$20 million to the erasure of medical debt. This is an immediate solution for one group of Connecticut residents. **We respectfully urge the Connecticut General Assembly to advance the proposal to erase existing medical debt in concert with measures to stop future medical debts from accruing** (H.B. 6740 offers one set of options).

While Connecticut has a relatively low rate of uninsurance and has made significant strides in expanding no-cost health insurance programs, over 165,000 households have health insurance plans they cannot afford. The state's [Consumer Health Affordability Index](#) found that 18% of Connecticut households with working adults had health insurance costs that exceeded an affordability benchmark. A shocking 42% of families purchasing Access Health CT insurance faced costs exceeding the affordability benchmark in 2021. Further, [the racial wealth gap](#) in Connecticut is vast. Black, Indigenous, Latino/a, and other people of color in our state are already at [greater risk](#) of avoiding care, medical debt and going uninsured. HES and members of the Health Equity for the People by the People coalition have prioritized mitigating medical debt as a key priority for making health care affordable and equitable in Connecticut.

Additional Provisions that would Advance Equity

Funding to support providers whose patients are **visitors to our state who need abortion and contraceptive services** (included in the H.B. 6665 and H.B. 6618) is an important component of ensuring our state's health systems are sustainable and financially stable while doing their part to [advance equity](#) in access to these [important health services](#).

HES also supports **other components of the Governor's proposed budget and related policies**, including: capping out-of-network fees, Medicaid coverage of some periodontal services, funding basic income

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supports administered by community action agencies, strengthening the Office of Health Strategy's ability to monitor and provide oversight of health care costs and cost-containment projects, funding the health information exchange, increasing the reach of the Department of Public Health's HIV prevention efforts, and efforts to expand mobile crisis services for adults and children, all of which are likely to have a positive impact on health equity.

Thank you for the opportunity to submit this testimony regarding the Governor's budget proposals. We can be reached with any questions at aclarke@hesct.org, ksiegel@hesct.org, or 860-937-6611.