



Testimony Regarding S.B. No. 201, An Act Establishing a Task Force to Study Health Insurance and Health Care Inequity in This State
and
Testimony Supporting H.B. No. 5251, An Act Establishing a Task Force To Study Health Insurance Coverage for Undocumented Immigrants in This State

Karen Siegel M.P.H.
Insurance and Real Estate Committee
February 25, 2020

Dear Senator Lesser, Representative Scanlon, Senator Hartley, Representative Dathan, and esteemed members of the Insurance and Real Estate Committee,

My name is Karen Siegel, I am testifying today on behalf of Health Equity Solutions, 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.

Testimony Regarding S.B. No. 201, An Act Establishing a Task Force to Study Health Insurance and Health Care Inequity in This State

Health equity is a principle, a practice, and a way of being that allows everyone to attain their optimal health regardless of race, ethnicity, or socioeconomic status. S.B. 201 has the potential to promote health equity by establishing a task force to study the means by which Connecticut can improve equity in health insurance and health care services in the state. Health disparities are the inequities within specific populations regarding disease incidence, prevalence, morbidity, and mortality, and many other conditions that influence health.¹

We support this effort to examine feasible solutions to inequity in access to health care in Connecticut. ***We would urge the committee to require this task force to consider the significant depth of research already undertaken in the state*** on this issue by academic and policy experts.²

Further, we would strongly urge the committee to include and seek input from consumer representatives from diverse communities and backgrounds to ensure that the findings of the task

¹ Connecticut State Department of Public Health. The Connecticut Health Disparities Project (2006-2008). Retrieved from: <https://portal.ct.gov/DPH/Workforce--Professional-Development/Office-of-Health-Equity/The-Connecticut-Health-Disparities-Project-20062008>

² For example, work done by UCONN's Health Disparities Institute, the Child Health and Development Institute, and this recent report by Connecticut Voices for Children: <https://ctvoices.org/wp-content/uploads/2020/01/Just-Facts-Advancing-Health-Equity-V2.pdf>

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force truly meet the needs of those who are currently underserved. We respectfully suggest including at least three consumer representatives on this task force and requiring that consumer representatives be equal partners in number and influence to provider and industry representatives. We further encourage the committee **to require the task force to seek input from a wider group of Connecticut residents who experience health disparities**. The barriers to health insurance and health care vary by socioeconomic status, health status, and race/ethnicity. Therefore, the task force should consult with individuals from diverse communities of color, the LGBTQ community, Medicaid enrollees, Qualified Health Plan enrollees, and individuals living with disabilities.

People of color living in Connecticut face particularly dramatic health disparities. Just for example: babies born to Black mothers in Connecticut are 4 times more likely than babies born to white mothers to die before their first birthday; Black and Hispanic residents of Connecticut are more than twice as likely as white residents to have diabetes and 3-4 times as likely to have a diabetes-related lower limb amputation.³ While our state has included health equity as a stated goal of a number of state-led health interventions, Connecticut has not evaluated the progress of these initiatives through the lens of racial and ethnic disparities. This task force could **recommend improved data collection and evaluation** measures to ensure that future efforts are meaningfully evaluated for both intended and unintended impact on health disparities.

Health equity will be achieved when every Connecticut resident is able to attain their optimal health without barriers and without regard to race, ethnicity, or socioeconomic status.

Testimony Supporting H.B. No. 5251, An Act Establishing a Task Force To Study Health Insurance Coverage for Undocumented Immigrants in This State

We urge the committee to support the establishment of a task force to study health insurance coverage for uninsured immigrants in this state. **Closing the gap in health care coverage is key to our state's economic prosperity and to health equity for its residents.**⁴

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.⁵ In addition, an estimated 23% of people in Connecticut who are uninsured are undocumented immigrants. Approximately 70% of undocumented immigrants living in Connecticut were born in Central or South America or the Caribbean. Therefore, it is highly likely that a significant factor in this coverage disparity is due to the difficulty recent and undocumented immigrants face when trying to enroll in health insurance plans.

³ 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>

⁴ 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>

⁵ 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>

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One in six workers in Connecticut is an immigrant, making up a significant portion of the state's labor force. Further, about half of undocumented families earn less than 200% FPL.⁶ Families who lack documented immigrant status are working and paying taxes here, but they are not eligible for HUSKY programs and face difficulties applying for insurance, even if they can find an affordable option.

This bill will result in examination of the most feasible means to increase health insurance coverage for immigrants in this state. We would urge the committee to expand the bill to include all immigrants who are not eligible for HUSKY (Medicaid and CHIP) or subsidized coverage on the state health insurance exchange. With exceptions for children, pregnant women, and some specific classes, immigrants who have lived in United States for less than 5 years are not eligible for HUSKY coverage.⁷

Progress in other states shows that there are feasible policy solutions to this issue. Six states offer state-funded Medicaid coverage for undocumented children and a number of options for making health insurance affordable are in practice in other states.

Thank you for the opportunity to testify regarding S.B. 201 and in support of H.B. 5249. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

⁶ Migration Policy Institute. "Profile of the Unauthorized Population: Connecticut." Retrieved from: <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CT>

⁷ HUSKY Eligibility Manual. (2019) Retrieved from: <https://ctvoices.org/publication/2019-husky-eligibility-manual/>