



**Testimony Regarding S.B. 397: An Act Promoting Employment Advancement and the Economy by
Addressing the Benefits Cliff and**

**Testimony Regarding H.B. 5445: An Act Concerning Nonemergency Medical Transportation for
Medicaid Beneficiaries**

Karen Siegel, MPH
Human Services Committee
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Dear Senator Moore, Representative Abercrombie, Senator Slap, Representative Wilson Pheanious, and esteemed members of the Insurance and Real Estate Committee,

My name is Karen Siegel and I am testifying today on behalf of Health Equity Solutions, where I serve 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. 397: An Act Promoting Employment Advancement and the Economy by
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Health equity is intertwined with equity in other areas of life, including opportunities to earn a living wage. Connecticut's minimum wage increase was one step towards improving the wellbeing of low-income residents of our state. Now, it is time to take the next step by addressing the loss of benefits that minimum wage workers will face as incomes increase. Health insurance is one of the most costly benefits and going without insurance or having insurance that is too expensive to use can leave people with catastrophic debt or in the position of choosing between seeking care and paying for their basic needs. Structural racism and related income inequality mean that Connecticut's people of color are more likely than white residents to work in low-wage jobs that do not offer health insurance or that offer coverage that is too costly to afford. It follows that people of color are at a disproportionate risk of losing access to Medicaid as the minimum wage increases.

Access to health insurance is an important component of access to health care and Connecticut's people of color already experience disparities in rates of insurance coverage. Black residents of the state are twice as likely as white residents to go without health insurance, for example.¹ After years of shrinking the uninsurance gap between white residents and residents of color in the state, these gaps have held steady in recent years.²

Many hoped that the advent of the state health insurance exchange would mean affordable coverage for all the state's working residents. Unfortunately, this has not been the case. For example: as a result of cuts made in 2015, over 11,000 parents and caregivers lost their coverage under HUSKY A

¹ Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey. 1-Year estimates for 2016 and 2017

² Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey. 1-Year estimates for 2016 and 2017

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(Connecticut’s Medicaid program for parents, pregnant people, and children) in 2016.³ These parents were tracked to see if they enrolled and stayed enrolled in health insurance through the state’s health insurance exchange. As of November 2017, when reporting ended, 78% of these parents had no known health insurance coverage. With Connecticut’s high cost of living, this means that parents must choose between basic necessities—like utilities, food, and gas—and health insurance coverage.

Connecticut residents in households earning \$25,000-\$49,999/year (see chart below) experience the highest rate of uninsurance. This is the group most likely to exceed Medicaid income eligibility limits and to be unable to afford the out-of-pocket costs of the health insurance exchange even with subsidies.

Uninsured in Connecticut by Household Income⁴

Household Income	Number Uninsured	% Uninsured
Under \$25K	29,513	7.9%
\$25-\$49.99K	47,892	8.8%
\$50-\$74.9K	37,093	7.2%
\$75-99.9K	28,454	6.1%
\$100K or more	46,834	3.0%
Total	189,786	5.5%

Health insurance, even with subsidized rates available through the state’s health insurance exchange can be unaffordable for many parents. In 2020, a family of 4 with a household income of \$42,100/year (161% FPL) could spend up to 16.9% (\$6,970) of the total family income on premiums and out-of-pocket costs to cover two adults on the health insurance exchange (the children would remain eligible for HUSKY coverage).⁵

We urge the committee to consider prioritizing the restoration of eligibility for HUSKY A parents to 201% FPL (\$43,657 for a family of 3) in the implementation plan described in S.B. 397. Today, parents are eligible for HUSKY A when their families earn up to 160%FPL (\$34,752 for a family of 3). It is crucial to the wellbeing of our state that all residents, regardless of race or income, have access to health care. Ensuring that our system meets the needs of increasingly financially stressed working families and that this system alleviates disparities in access to care faced by people of color is both the moral path and makes good economic sense. HUSKY A restoration would draw a 50% match from the federal government—one of the only proposals to reduce uninsurance for lower income groups that is not state funded. Health insurance has numerous, cross-sector benefits, which include reduced spending on preventable care, improved health outcomes and a more productive workforce, and reduced medical debt. People who lack health insurance are more likely to skip preventive care and postpone or forego medication and treatment for chronic or unexpected illnesses.⁶ Gaining access to health insurance is

³ Connecticut Voices for Children. (2018). “HUSKY A for Parents and Caregivers: Restoring Health Coverage for Families.” Retrieved from: <http://www.ctvoices.org/sites/default/files/Husky%20coverage%20fact%20sheet%20v2.pdf>

⁴ Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey. 1-Year estimates for 2016 and 2017.

⁵ Least expensive scenario using Access Health CT search function during open enrollment 2020. Costs vary by family size and this example was chosen as representative.

⁶ Kaiser Family Foundation. (2019). Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act” Retrieved from: <https://www.kff.org/uninsured/report/the-uninsured-andthe-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordablecare-act/>

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associated with improved self-reported health, improved access to health care, and lower rates of stress and depression.⁷ Long-term thinking is needed to ensure that we have a healthy state with fewer preventable disparities in health and wellbeing. Restoring HUSKY A is one vital component in creating a more equitable Connecticut. We commend the efforts of this bill to ensure transparency and address the needs of workers earning minimum wage.

Testimony Regarding H.B. 5445: An Act Concerning Nonemergency Medical Transportation for Medicaid Beneficiaries

In August of 2019, Health Equity Solutions conducted listening sessions with stakeholders across Connecticut at which we asked broad questions about priorities for working towards health equity. In every session, stakeholders raised their concerns about transportation and about nonemergency medical transportation (NEMT) in particular. Medicaid serves a higher proportion of people of color than are represented in the general population⁸ and, because of options like NEMT, is well-positioned to address the socioeconomic barriers to health that are the result of historical and ongoing injustices.

A recent audit of Connecticut’s nonemergency medical transportation noted 59 recommendations for improvement and substantiated the serious concerns raised by Medicaid enrollees and advocates in numerous forums. ***We strongly support this effort to improve transportation for Connecticut’s Medicaid enrollees.***

Disparities in access to transportation in CT are wide. For example, just 65% of Black and Hispanic residents have consistent access to a car as compared to 87% of white residents.⁹ The NEMT component of the HUSKY Health programs is intended to alleviate this disparity by ensuring that all enrollees have transportation to their appointments. When the service fails—whether because a driver or bus pass arrives late or because the transportation method is inappropriate for the individual—the enrollee loses access to health care. When that appointment is for dialysis or cancer treatment or asthma management, a missed ride can have a serious impact on the individuals’ health.

The audit report highlights the need for improved oversight of the NEMT vendor, consistent application of sanctions, accurate reporting, swift removal of drivers who engage in behavior that endangers passenger safety, and plans to address systemic concerns about network adequacy, determinations of medical necessity, and assigned modes of transportation. In short, the report documents concerns about quality control and transparency that are echoed by providers and consumers. We reiterate our support for efforts to improve transportation services, which are a key component of health equity.

Thank you for the opportunity to testify regarding S.B. 397 and H.B. 5445. Please contact Karen Siegel at ksiegel@hesct.org or 860.937.6437 with any questions.

⁷ Kaiser Family Foundation. (2019). “Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act.” Retrieved from: <https://www.kff.org/uninsured/report/the-uninsured-andthe-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordablecare-act/>

⁸ CT Department of Social Services. (2019) “People Served: CY 2012-2018.” Retrieved from: <https://data.ct.gov/Health-and-Human-Services/Connecticut-Department-of-Social-Services-People-S/928m-memj>

⁹ Connecticut Health Foundation. (2020) “Health Disparities in Connecticut: Causes, Effects, and What We Can Do.”