



Testimony in Support of S.B. 1090 An Act Establishing a Commission to Study a HUSKY for All Single Payer, Universal Health Care Program

Karen Siegel, MPH
Human Services Committee
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Dear Senator Moore, Representative Abercrombie, and esteemed members of the Human Services 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.

Thank you for the opportunity to submit testimony in support of S.B. 1090. Health Equity Solutions has testified to this committee many times about the enormous disparities in access to health insurance in Connecticut, which are rooted in systemic racism. Being insured is necessary, though not sufficient, to accessing health care. This study could develop a plan for ensuring all Connecticut residents have access to health insurance they are able to utilize.

To ensure our policy priorities are community informed, Health Equity Solutions conducts annual listening sessions. Healthcare affordability was one of the top health equity priorities identified by our partners for 2021.¹

We support this effort to identify a path to health insurance coverage for all Connecticut residents and respectfully recommend that this study include analyses of the program's potential impact on: (1) disparities in insurance coverage by race and ethnicity and (2) barriers to enrollment and utilization of health insurance that disproportionately impact people of color, including total premium and out-of-pocket costs and the processes used to enroll in and renew coverage. As proposed, this commission would evaluate the economic impact on the state of a HUSKY for All program. Lines 72-80 detail the need to evaluate the program's impact on costs to individuals but should include all out-of-pocket costs rather than premiums alone. Further, the study and program design recommendations would benefit by incorporating lessons learned about addressing inequities from other states' policies to promote health care affordability and universal health insurance coverage.

Access to health insurance is key to access to health care and people of color in Connecticut continue to experience dramatic inequities in rates of insurance coverage.² Recent history offers clear evidence that

¹ Health Equity Solutions. Health Equity Solutions 2020 Listening Sessions. Retrieved from: <https://www.hesct.org/blog/health-equity-solutions-2020-listening-sessions/>

² Kaiser Family Foundation analysis of 2019 American Community Survey data. Available at: <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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affordability is a barrier to being insured. About 78% of parents who lost HUSKY coverage in 2016 had no known insurance coverage a year later.³ **Why didn't these parents just buy insurance on Access Health CT?** Even with cost sharing and premium subsidies, health insurance can be unaffordable for families in this income bracket. In 2021, a family of 4 with a household income of \$42,000 /year (just over the Medicaid eligibility limit) could spend up to 16% (\$6,700) 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).⁴ In Connecticut, people earning 100-199%FPL (\$21,960-43,700 for a family of 3) have the highest rate of uninsurance (13.9%).⁵ This is largely due to the high costs of coverage, as this population includes most adults who just exceed Medicaid income limits.

Further, the American Rescue Plan does not make health care affordable for people earning less than 200%FPL. While this new relief package would include premium subsidies for most of this income range, households would still have to meet \$5,000 in deductibles, co-pays, and co-insurance to use their insurance. A host of research demonstrates that high out-of-pocket costs cause people to forgo or delay the health care they need.⁶

Additionally, affordability is not the only barrier to being insured. Many immigrants are ineligible for Medicaid based on their visa status and immigrants without documents are ineligible for Medicaid AND unable to purchase health insurance. Based on country-of-origin estimates, it is reasonable to assume that the majority of immigrants without documents living in Connecticut are people of color.⁷ An estimated 23% of uninsured people in Connecticut are immigrants without legal status.⁸ As a result, ensuring access to health insurance for all immigrants living in Connecticut is a crucial part of advancing health equity in our state.

Thank you for the opportunity to submit this testimony in support of S.B. 1090. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

³ Connecticut Voices for Children. (2018). "HUSKY A for Parents and Caregivers: Restoring Health Coverage for Families." Retrieved from: <https://ctvoices.org/wp-content/uploads/2018/04/Husky-coverage-fact-sheet-v2.pdf>

⁴ Scenarios run on AccessHealthCT.com during open enrollment. Calculations are based on premiums plus out-of-pocket maximum for a Silver plan because this includes full cost-sharing subsidies; premiums are lower for Bronze plans, but total out-of-pocket costs are much higher. This scenario assumes the adults are age 30 and live in Litchfield, New London, or Windham County. The lowest out-of-pocket total (for parents age 43-45 living in Fairfield county) would be 13% of family income or \$5,436. In a family of 3 covering one adult with a household income of \$35,000, the costs (depending on age and county) are approximately 10% of income—still quite burdensome.

⁵ Kaiser Family Foundation analysis of 2019 American Community Survey data. Available at: <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-federal-poverty-level-fpl/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁶ Agarwal R., Mazurenko O., & Menachemi N. (2017) "High-Deductible Health Plans Reduce Health Care Cost and Utilization, Including Preventive Services." Health Affairs. DOI: <https://doi.org/10.1377/hlthaff.2017.0610>

⁷ Migration Policy Institute analysis of 2014-2018 U.S. Census Bureau data. Available at: <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CT>

⁸ CT Health Foundation. (2020) "Health Disparities in CT." Retrieved from: <https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf>