



Testimony Regarding H.B. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth 2023 and Making Appropriations Therefor: Human Services

Karen Siegel, MPH
Appropriations Committee
March 3, 2021

Dear Senator Osten, Representative Walker, Senator Hartley, Representative Dathan, Representative Nolan, and esteemed members of the Appropriations 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 regarding the Governor's proposed budget for the Department of Social Services. Overall, we support this proposal's inclusion of a Medicaid obstetrics bundle and urge policymakers to remedy the exclusion of policies to address inequities exacerbated by the wide-reaching effects of the pandemic.

Connecticut has an opportunity to mitigate inequities in health by expanding the state's HUSKY programs. In particular, we support restoring HUSKY A eligibility, expanding HUSKY D eligibility to 201% of the federal poverty level (FPL) (\$44,139 for a family of 3), and extending Medicaid post-partum coverage to 12 months. Our 2021 listening sessions found affordability of healthcare to be a top concern.¹ 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 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

¹Health Equity Solutions. 2021 Listening Sessions. Available at: <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>

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

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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, affordability is not the only barrier. 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. Finally, uninsured birthing people in Connecticut are three to four times more likely to die of pregnancy-related complications than their insured counterparts.⁶ Recent data shows that about 31% of women in states that have expanded access to Medicaid, including Connecticut, experienced uninsurance in the postpartum period.⁷

We support the efforts of the Governor’s budget to advance equity in birth outcomes through a Medicaid obstetrics bundle and ask that, as with any payment reform, the program design consider the potential for unintended negative impact on people of color. Black birthing people are more than three times as likely to die during or related to pregnancy than white people, regardless of socioeconomic status.⁸ By integrating a set of prenatal and postpartum services that include doulas, nurse midwives, and the breast-feeding initiative evaluated by the Hispanic Health Council, the state may mitigate disparities in birth outcomes. Doula care improves health outcomes for both mothers and babies, and is associated with lower rates of postpartum depression and of costly interventions like cesarean births, while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar⁹ scores for babies, and positive childbirth experiences.¹⁰ Health Equity Solutions supports efforts to promote equitable access to doula care services and ***strongly supports a process that is informed by Connecticut’s organized doula community.*** We recognize that payment models and systems of risk adjustment that do not account for the bias inherent in utilization data have the potential to penalize safety net providers and deprioritize populations with the highest levels of need and urge policymakers to ensure these concerns are addressed before this initiative begins.¹¹

Finally, we urge policymakers to embed an equity lens in budget analyses and to intentionally address the structural racism ingrained in our status quo. Building capacity in offices serving the general

\$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 Connecticut Department of Public Health. *Healthy People 2020 State Health Assessment*. Retrieved from

https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/HCT2025/SHA-Chapters/3_MICH-chapter_CT_SHA_Report_Final060520-3.pdf

⁷ Daw, J., Kozhimannil, K., & Admon, L. (2019) “High Rates of Perinatal Insurance Churn Persist after the ACA.” Health Affairs Blog. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20190913.387157/full/>

⁸ Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from:

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

⁹ Apgar stands for "Appearance, Pulse, Grimace, Activity, and Respiration," and is used to evaluate a newborn’s health. See: <https://kidshealth.org/en/parents/apgar.html>

¹⁰ Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health (2016). Retrieved from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicare-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>

¹¹ Connecticut Voices for Children. (2020) “Advancing Health Equity for Connecticut’s Children and Families Through Health Systems Transformation. Available at: <https://ctvoices.org/publication/advancing-health-equity-for-connecticuts-children-and-families-through-health-systems-transformation/>

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assembly to develop racial and ethnic impact statements and creating a health equity in all policies structure at the state level are two ways of holding ourselves accountable for creating equitable policies, including the state budget. We must anticipate an increase in health needs in the years ahead as our state reopens and people begin to address physical, mental, and oral health concerns they have put off for fear of exposure to COVID-19 or developed under these difficult circumstances.

Thank you for the opportunity to submit this testimony regarding the proposed budget for the Department of Social Services. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.