



Testimony Regarding The Governor's Proposed FY 23 Budget Adjustments for Human Services Agencies

Karen Siegel, MPH
Appropriations Committee
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Dear Senator Kushner, Representative Abercrombie, Senator Cicarella, Representative Betts, and esteemed members of the Appropriations Subcommittee for Human Services,

My name is Karen Siegel and I am submitting this testimony on behalf of Health Equity Solutions, where I serve as Director of Policy. Health Equity Solutions (HES) 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 strongly support this proposal's adjustments to HUSKY adult dental and endodontic provider rates, efforts to improve access to behavioral health and family planning services, and efforts to address the autism waiver waitlist. **We urge the Connecticut General Assembly and the Executive Branch to ensure that access to affordable health care reaches Connecticut's Black, Latino/a, Indigenous, and other people of color.**

Connecticut's health insurance landscape is growing increasingly complex and tens of thousands are at risk of becoming uninsured. Funding trusted messengers to connect people to care could prevent loss of insurance and gaps in care.

Last year, the Connecticut General Assembly took vital steps to make health insurance coverage available to more of Connecticut's residents by extending HUSKY postpartum coverage to one year, creating HUSKY coverage for income-eligible immigrants who are pregnant or young children regardless of their visa status, and creating Covered CT, which will provide no-cost insurance for some lower income parents and, beginning in July, adults without dependents. These programs are positive steps, but they ***will only have their intended impact if people are able to enroll in and utilize them.***

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.¹ 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 are likely to be asked to document their income or be found ineligible for

¹Kaiser 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&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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Medicaid.^{2,3} Even for those who are eligible for Covered CT or for continued Medicaid coverage, the process can be confusing. Further, enrollment is only one piece of access to health care. Those who successfully enroll in Covered CT or a qualified health plan will experience changes in covered benefits and in-network providers and may be unaware that Covered CT will soon provide HUSKY dental and transportation benefits. ***It is vital that enrollees know what services are covered, understand when care should be free, and are able to identify and make appointments with new providers.*** Errant requests for payment may cause unnecessary stress and avoidance of care if enrollees do not understand their benefits and providers and insurance carriers adjust to implementing Covered CT.

Ample evidence supports leveraging trusted messengers and the pandemic vaccine response has further validated that this approach can erase disparities. ***HES recommends funding community-based organizations to employ community health workers who will provide information, support people through enrollment, and help people to understand what is covered and how to access those services.*** Funding that was intended to support Covered CT in 2021 may remain available to be redirected to this purpose due to low enrollment in Covered CT to date. To ensure that people remain insured, enroll in new programs, and can use that health insurance coverage, we strongly urge you to fund community-based health insurance navigator supports.

We support access to health insurance for undocumented immigrants and ensuring every resident of the state has access to health insurance they can afford to use.

Despite the important steps taken in 2021 to create access to HUSKY programs for all immigrants who are pregnant, postpartum, or young children, many immigrants remain ineligible for Medicaid based on their visa status or amount of time in the U.S., while immigrants without documents who are not pregnant or young children 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.⁴ An estimated 23% of uninsured people in Connecticut are immigrants without legal status.⁵ 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.

In addition, while Covered CT is an important step towards affordable health care for thousands of Connecticut residents, many remain without options for insurance they can afford to both enroll in and use. Some families have access to employer-sponsored insurance, which means they are not eligible for subsidies, but find that coverage too costly. Others earn over 175% of the federal poverty level (FPL) and find subsidies on Access Health CT still leave them with high out-of-pocket costs. For a family of 4

² Access Health CT – Board of Directors, January 2022. Retrieved from <https://agency.accesshealthct.com/wp-content/uploads/2022/01/Presentation.pdf>

³ Connecticut Health Insurance Exchange Board of Directors Regular January 2022 Meeting Minutes. Retrieved from <https://agency.accesshealthct.com/wp-content/uploads/2022/02/Approved-January-20-2022-Minutes-1.pdf>

⁴ Migration Policy Institute analysis of 2014-2018 U.S. Census Bureau data. Available at: <https://www.migrationpolicy.org/data/authorized-immigrant-population/state/CT>

⁵ CT Health Foundation. (2020) "Health Disparities in CT." Retrieved from: <https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf>



earning \$54,080 (just above the eligibility limit for Covered CT) covering two adults means up to \$14,328 in premiums, deductibles, and cost-sharing. That's over 26% of the family's annual income.⁶

Increasing HUSKY adult dental and endodontic rates is one part of addressing barriers to oral health.

Overall, health inequities persist in Connecticut and oral health is no exception. Access to dental care is a crucial part of overall physical health and inequities in oral health are pervasive in Connecticut.⁷ As with other inequities in health, disparities resulting from structural racism mean that people of color are more likely than white people to die from oral cancer and twice as likely to have untreated tooth decay.⁸ We strongly support the increased rates for adult dental and endodontic care and recommend that adult rates should be brought in line with HUSKY child dental rates. The 25% increase may not be enough to encourage providers to participate in HUSKY or to take more HUSKY appointments. Small rate increases often have limited impact on access to care while larger efforts to align Medicaid payments among groups or with Medicare have had some success.⁹

Finally, HES supports several other provisions of the budget proposal and agrees with recommendations from our partners.

HES supports the technical fixes to the community health worker program created in the 2021 budget implementer. We also support recommendations submitted by others, including Greater Hartford Legal Aid, to ensure cost of living increases and streamline eligibility determinations for TANF and improve eligibility calculations for HUSKY C.

Finally, HES is submitting separate testimony on the budget proposals for health agencies and note here our strong support for improving lead mitigation programs and funding infrastructure updates for the implementation of standardized race, ethnicity, and language data collection.

Thank you for the opportunity to submit this testimony regarding The Governor's Proposed FY 23 Budget Adjustments for Human Services Agencies. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

⁶ Information is from the least expensive silver plan available on AccessHealthCT.com for a family of 4 in Litchfield County earning 54,080 with adults ages 43 and 45 and children ages 8 and 10.

⁷ Connecticut Department of Public Health. Healthy Connecticut 2020. Retrieved from: https://portal.ct.gov/-/media/Departments-andAgencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf?la=en

⁸ Connecticut Department of Public Health. Healthy Connecticut 2020. Retrieved from: https://portal.ct.gov/-/media/Departments-andAgencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf?la=en

⁹ Polsky D., Richards M., Basseyn S., Wissoker D., Kenney G., Zuckerman S., & Rhodes K. (2015). N Engl J Med DOI: 10.1056/NEJMsa1413299