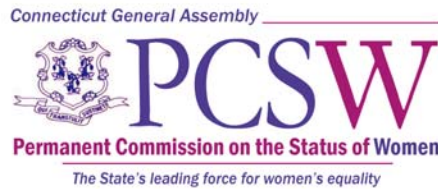


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**Written Testimony of
The Permanent Commission on the Status of Women
Before the
Insurance and Real Estate Committee
Tuesday, February 10, 2009**

In Support of:

S.B. 460, AAC Health Insurance Coverage for Dependents

S.B. 822, AA Prohibiting Gender Discrimination for Individual Health Insurance Policies

Senator Crisco, Representative Fontana and members of the committee, thank you for this opportunity to provide written testimony in support of **S.B. 460, AAC Health Insurance Coverage for Dependents** and **S.B. 822, AA Prohibiting Gender Discrimination for Individual Health Insurance Policies**.

S.B. 460, AAC Health Insurance Coverage for Dependents

PCSW supports passage of S.B. 460, AAC Health Insurance Coverage for Dependents, which would require any employer that offers health insurance coverage for its employees to also provide coverage for its employees' dependents.

In 2006, 11% of Connecticut's population aged 25 to 64,¹ and one-third of young adults, ages 19 to 29 were uninsured.² As of December 2007, the Kaiser Family Foundation estimated that there were over 130,000 uninsured women ages 18-64 in Connecticut.³

Lack of health insurance increase the risk of undiagnosed conditions resulting in health disparities and deaths. Uninsured adults are more likely to be diagnosed with a disease in an advanced stage. For example, uninsured women are substantially more likely to be diagnosed

¹ Families USA. *Dying for Coverage*, April 2008.

² <http://www.ct.gov/ohca/lib/ohca/common_elements/household06_summary_single_pages_for_pdf.pdf>.

³ <http://www.kff.org/womenshealth/upload/1613_07.pdf>.

with advanced stage breast cancer than women with private insurance.⁴

Lack of health insurance also leads to financial ruin for many families. Almost 8% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses.⁵ Connecticut women have higher out-of-pocket medical expenses than men, and are more vulnerable to medical debt. Fifty-six percent (56%) of medical bankruptcy filers are women.⁶

S.B. 822, AA Prohibiting Gender Discrimination for Individual Health Insurance Policies

PCSW also supports passage of S.B. 822, AA Prohibiting Gender Discrimination for Individual Health Insurance Policies, which would prohibit the application of different individual health insurance policy rates that are based on gender.

As of December 2007, the Kaiser Family Foundation estimated that there were over 130,000 uninsured women ages 18-64 in Connecticut.⁷ Many of these women lack access to employer coverage and/or earn too much to qualify for public programs; as a result, the individual health insurance market is often their last resort for coverage. In 2007, 326,000 Connecticut residents purchased individual health insurance - 54% women (176,000) and 46% men (150,000).⁸

In 2008, the National Women's Law Center (NWLC) analyzed over 3,500 individual health insurance plans to investigate two phenomena: the "gender gap," which is the difference in premiums charged to female and male applicants of the same age and health status; and the availability and affordability of coverage for maternity care across the country. NWLC found:⁹

Women often face higher premiums than men. The majority charge women more than men until they reach around age 55, and then some charge men more.

It is difficult and costly for women to find health insurance that covers maternity care. A vast majority do not provide coverage for maternity care. A limited number sell separate maternity coverage riders for an additional fee. These riders typically offer a single "one size fits all" option.

⁴ Families USA, *Dying for Coverage*, April 2008.

⁵ State Health Access Data Assistance Center, December 2007.

⁶ D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*. February 2005.

⁷ <http://www.kff.org/womenshealth/upload/1613_07.pdf>.

⁸ U.S. Census Bureau.

⁹ National Women's Law Center. *Nowhere to Turn: How the Individual Health Insurance market Fails Women*, 2008.

Insurance companies can reject applicants for health coverage for a variety of reasons that are particularly relevant to women. Insurers can reject an applicant because she previously had a cesarean section or is a survivor of domestic violence.

While both women and men face additional challenges in the individual insurance market, these problems compound the affordability challenges women already face. Combining gender rating with age and health status rating acts as an additional barrier for women.

We look forward to working with you to address these important issues. Thank you for your consideration.