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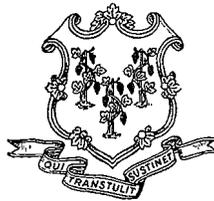
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Testimony of Teresa C. Younger

Executive Director

Permanent Commission on the Status of Women

Before the Human Services Committee

Tuesday, February 20, 2007

RE:

- Senate Bill 245, AAC the Availability of Medical Services and Health Insurance for Low-Income Pregnant Women
- Senate Bill 198, AAC the Availability of Interpreter Services Under the Medicaid Program

Good morning Senator Harris, Representative Villano and members of the Human Services Committee. My name is Teresa C. Younger, the Executive Director of the Permanent Commission on the Status of Women (PCSW). I applaud you for your leadership on the bills before you.

The PCSW convenes the Connecticut Women's Health Campaign (CWHC), which is a broad coalition of groups who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. Thank you for allowing me to testify before you today in support of S.B. 245 and S.B. 198. **The PCSW and the CWHC support expedited eligibility for pregnant women, an expansion of Medicaid coverage for pregnant women, and Medicaid coverage for interpreter services.** PCSW offers some specific comments and suggestions below.

S.B. 245 would align our statutes with the current practice of granting expedited eligibility for HUSKY to pregnant women. We support not only this measure, but also adequate resources at the Department of Social Services to determine these cases in a timely manner.

This bill goes further and would **amend the Medicaid plan to cover periodontal screening and treatment for pregnant women**. Pregnancy represents a period of increased risk for gingivitis for pregnant women. Serious bacterial infections destroy the attachment of fibers and supporting bone that hold teeth in the mouth. According to the *Journal of Periodontology*, 23% of women ages 30 to 54 have advanced periodontal disease. **Covering periodontal services as well as reimbursing providers adequately for these services will ensure positive oral health for pregnant women and help them make a healthy start for their families.**

S.B. 245 directs the DSS Commissioner to seek a Health Insurance Flexibility and Accountability (HIFA) waiver to cover pregnant women from 185 - 300% of the federal poverty level (FPL) and reallocate unspent SCHIP dollars to cover these costs; as well as a buy-in for uninsured pregnant women with incomes in excess of 300% of FPL.

A HIFA waiver would create an administrative burden for DSS and may face an uncertain future at the Centers for Medicare and Medicaid (CMS), as Congress is currently considering reauthorization of SCHIP along with the use of unspent dollars.

The PCSW supports a Medicaid expansion for parents, relative caregivers and pregnant women to 300% of the federal poverty level. However, we support a much simpler approach. HIFA waivers are not needed to expand parents or pregnant women's eligibility. Federal Medicaid law allows states to make more generous income disregards for categorically eligible groups. Connecticut can achieve the same goal much more quickly by amending the state plan, and draw down federal financial participation, or 50% matching funds for pregnant women and relative caregivers. I am attaching substitute language for legislation expanding Medicaid eligibility for pregnant women for your consideration.

Sec. 17b-277. (Formerly Sec. 17-134u). Medical assistance for needy pregnant women and children. Presumptive eligibility. (a) The Commissioner of Social Services shall provide, in accordance with federal law and regulations, medical assistance under the Medicaid program to needy pregnant women and children up to one year of age whose families have an income up to ~~one~~ **three hundred** ~~eighty five~~ per cent of the federal poverty level.

The PCSW estimates that the cost to expand HUSKY to pregnant women up to 300% of the federal poverty level would cost the state between \$4 and 6 million. The need

for coverage for prenatal care is essential not only to offer a strong maternal and child health foundation for a growing family, but also to address Connecticut's health care budget. OHCA estimates that one out of every five uninsured hospitalizations in Connecticut is due to pregnancy and childbirth.¹ Thus, expanding coverage for uninsured pregnant women would likely save state dollars not only from early intervention, but reduced uncompensated hospital costs as well.

For pregnant women and other uninsured residents above 300% of the FPL, a Medicaid buy-in might be one approach to building universal health care.

Another of the proposals before you today, **S.B. 198, would require the state Medicaid plan to cover interpreter services for those with limited English proficiency.** Limited English proficiency seriously impedes the ability of patients to communicate with health care providers and address medical conditions. **We strongly support the advancement of culturally competent care in the Medicaid program, through coverage of interpreter services, estimated to cost just over \$2 million.**² Other states including Maine, Washington, Massachusetts and New Hampshire, for example, all cover interpreter services for their Medicaid populations in some way.

- The Connecticut Health Foundation estimates that more than 22,000 people with limited English proficiency were enrolled in Connecticut's Medicaid program.
- According to the Center for Health Care Strategies, older people and those with low incomes are disproportionately more likely to have trouble reading and understanding health-related information and 50% of welfare recipients read below fifth grade level. While English proficiency and health literacy are not the same, we ask quite a bit from low-income women in the Medicaid program. They must serve as brokers of the health care system for their family.
- According to the National Adult Literacy Survey, 75% of Americans who reported a chronic condition also have limited literacy.
- While women tend to have slightly higher health literacy rates than men,³ older women, and women with chronic conditions and low-incomes are disproportionately represented among the over 80,000 or so in the Medicaid managed care program, as well as the tens of thousands in fee for service Medicaid for elderly and disabled care.

¹ Connecticut Office of Health Care Access. "Uninsured hospitalizations, FYs 2001-2005. December 2006.

² Bagchi, Ann and Beth Stevens, "Enhancing Health Care Delivery for People in Connecticut with Limited English Proficiency" for the Connecticut Health Foundation, August 2006.

³ U.S. Department of Education. *The Health Literacy of America's Adult: Results from the 2003 National Assessment of Adult Literacy.* September 2006.

- The University of Connecticut estimates that over 500,000 of Connecticut residents have low reading levels, and that Connecticut annually incurs health expenditures of over \$6.2 billion, attributable to low health literacy.

We can improve the quality of care for those with limited English skills, utilize federal matching funds, and save families as well as the state in unnecessary health costs. **We urge your support for Senate Bills 198 and 245.** Thank you for your consideration.