

Testimony to the Public Health Committee
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SUPPORT FOR UNIVERSAL HEALTH CARE
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SB 1: An Act Increasing Access to Affordable, Quality Healthcare

Thank you for the opportunity to testify today regarding Senate Bill 1, An Act Increasing Access to Affordable, Quality Healthcare. I'm the Director of Public Policy for the CT AIDS Resource Coalition (CARC) and co-chair of the AIDS LIFE Campaign, CT's statewide AIDS policy group.

Nearly 400,000 Connecticut residents, the majority of whom are working families, have no health insurance and many more are under-insured or one paycheck away from becoming uninsured. And a segment of those people are people living with HIV/AIDS.

A brief snapshot of the state of AIDS in Connecticut:

- **9,871 people are reported living with HIV/AIDS** in the state as of 12/31/06.
- Nearly 20,000 people in Connecticut are **estimated to be living with HIV**; most are unaware of their status.
- CT ranks **8th in the nation in AIDS cases** per capita and in 2005, had the fastest growing rate of AIDS in New England. (*Kaiser Family Foundation, State Health Facts*)
- Proportionately, **Connecticut leads the nation** in the number of AIDS cases among injecting drug users; second in cases among women; and third in the nation in cases among Latinos/as. (*KFF*)

The same issues impacting HIV/AIDS in sub-Saharan Africa are true here as well. Poverty, gender inequity and race. HIV is increasingly becoming a disease of poverty which has serious implications for access to quality health care.

It has been well documented that women, people of color and those who are poor are disproportionately affected by health care disparities. When you add HIV/AIDS into that equation and the fact that 60% of people with HIV/AIDS experience homelessness at some point during the course of their illness we have an even more toxic recipe for disaster.

In the world of HIV/AIDS we know that housing is healthcare and housing is prevention. But if the health care is inaccessible and inadequate, it won't matter if they have housing as the health outcomes will ultimately be the same.

In a soon-to-be released statewide HIV/AIDS needs assessment, the top three services utilized through Ryan White programs were primary care, assistance in paying for medications, and dental services. What this tells us is that people aren't able to get these services due to lack of insurance or being under-insured, inadequate reimbursement rates for providers or co-pays that are prohibitive after paying for rent, utilities, food, childcare and transportation.

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According to data we received from DSS, 40% of people living with HIV/AIDS in our state rely on SAGA, Husky or Medicaid as their insurer. We have no way of knowing how or if the other 60% receive care but clearly some are uninsured.

We administer a small client assistance fund in Hartford, Tolland and Middlesex counties. The fund is limited in its scope and we institute caps on all the categories. As part of that fund, we can pay for co-pays, medical-fee-for-service, and insurance premiums. We assisted with premiums for 12 people and paid for medications or medication co-pays for 163 people. 43% had Medicaid and 10% had no insurance at all. This is an obviously broken system.

If people with HIV/AIDS are to have positive health outcomes and benefit from available medications, they have to be able to access care. While many people are living healthier and longer, AIDS is still a chronic, episodic, often debilitating disease requiring careful monitoring. Any gaps in care can result in missed medications, mutated strains of the virus, illness and death.

We urge you to support SB 1 so that all of CT's citizens can enjoy healthy lives. Thank you.

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