



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

Testimony of Commissioner Cristine A. Vogel, MPH
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CRISTINE A. VOGEL
COMMISSIONER

Good Afternoon Senator Harris, Representative Villano and distinguished members of the Health & Human Services Committee. I am Cristine Vogel, Commissioner of the Office of Health Care Access (OHCA). I am here to testify on behalf of S.B. 1127 "An Act Concerning the Charter Oak Plan and Health Care Access" which implements the Governor's budget recommendations for addressing access for the uninsured and other health care access initiatives.

At least 6.4% of Connecticut's population or about 222,600 are without health insurance according to OHCA's 2006 Household Survey research. Although when we measured how many people did not have insurance at some point during the past year, the number increases up to 10% or approximately 347,000 individuals. The majority, 61%, of the uninsured in Connecticut are working adults and over half hold permanent full time positions. However, a large portion, (65%) of the working uninsured work for businesses that don't offer health insurance coverage. An additional 13% of the working uninsured are not eligible for their employer's coverage (e.g. part-time, seasonal, waiting period). When uninsured people work for businesses that do offer health coverage – the main reason they cite for not taking insurance is affordability.

The research also identified that many of the uninsured are young adults between the ages of 19 to 29. When OHCA further studied this finding, we found that 22% or 95,000 young adults are without health insurance. Almost three-quarters of this group stated that they were currently working and almost 30% were students:

Working, non-student (ages 19-29)	60%
Working, student (ages 19-29)	14%
Student (ages 19-29)	15%

They cited some reasons for being without insurance:

- Loss of parental coverage
- Waiting to become eligible for their employer's coverage
- Employer does not offer coverage
- Can't afford employer's coverage offered

Individuals in the lower income brackets are more likely to go without insurance and may not qualify for a public program or remain unaware of the public coverage available to them. Based on the research data, we are able to provide percentages of types of coverage within the different Federal Poverty Levels presented in the chart.

	<100% FPL	100%- 150% FPL	150%- 185% FPL	185%- 300% FPL	>300% FPL
Private Coverage	14%	23%	41%	64%	87%
Public Coverage	63%	63%	46%	27%	11%
Uninsured	24%	14%	13%	9%	2%

The Governor's Charter Oak Health Plan is a concrete and realistic option to provide health coverage to more Connecticut citizens. Many people understand their responsibility to pay for coverage, they truly cannot afford the high cost of many plans or because of pre-existing health conditions they are not eligible for individual plans. Also, it is very typical that the individual plans have limited coverage. The Governor's health plan offers basic coverage at a good price.

The Charter Oak Plan will provide affordable health insurance to:

- Students who do not have access to parental coverage
- Self employed business owners
- Employees that work for employers that do not offer coverage
- Retired individuals who are not yet eligible for Medicare

Furthermore, the Charter Oak Health Plan offers premium subsidies to make the cost even more affordable for those individuals that have income levels that are less than 300% FPL – this greatly reduces the cost and increases the likelihood of enrollment. We cannot force people to enroll in a health plan, but now Connecticut has the best choice for affordable coverage that is specifically designed to target our uninsured people.

The Governor is also providing a “mechanism” in this bill that will ensure that our children and newborns have health coverage. We all agree that there should not be any children without health insurance – here is the solution.

Additionally S.B. 1127 requests that OHCA convene an electronic health information technology task force to develop and provide recommendations to the Governor on the impact of electronic health information exchange. To date, the Department of Public Health and "e-healthCT" have moved this effort forward. Now the state needs to examine the critical issues (well defined in the bill) to determine how the technology will affect the state agencies that provide direct patient services, that fund health care, and regulate health care and develop an overall state health information technology policy direction with special focus on the impact to existing privacy and security laws.

Health information technology exchange offers great opportunity to better connect patients' medical information to each other. The main benefits of moving toward electronic health information are that efficiencies are realized and quality of care is improved, such as, reduction in errors, improvement in recording allergic reactions and other adverse responses, reduction in the number of duplicative laboratory and imaging tests, and possibly the reduction of unnecessary hospitalizations. However, barriers do exist such as high costs; lack of standardization; the "disconnect" between who pays and who profits; and most importantly, the concerns about privacy. As state government leaders, we need to find the delicate balance of improving quality of care, utilizing technology and protecting the privacy and security of Connecticut's citizens. An endeavor of this magnitude requires careful consideration and upfront planning.

I would like to thank you again for the opportunity to present testimony today and would be happy to answer any questions you may have at this time.