



State of Connecticut
Latino and Puerto Rican
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Testimony of Fernando Betancourt, Executive Director of the LPRAC
Public Health Committee
Wednesday, January 31st, 2007
10:00 A.M. in Room 2C of the Legislative Office Building
Proposed S.B No. 1,
“An Act Increasing Access to Affordable, Quality Health Care”

The LPRAC is fully supportive of increasing access to affordable health insurance for all families in Connecticut. In Connecticut, according to many different sources, there are more than 450,000 people that are living without insurance – 45 % of that universe is of Latino descent. The latest information from the U.S. Census Bureau shows that the Latino population reached 10.9 percent of the total population in 2005. It is important to indicate that the LPRAC does not endorse any particular plan from the broad range of ideas being recommended for reform; however we shall speak in support of principles that we believe must be endorsed by the Connecticut General Assembly (CGA) when considering increasing access to health care across the state.

The Connecticut Health First initiative recommended by the State Senate Majority Office in S.B. No. 1, “*An Act increasing access to affordable quality health care,*” would, if adopted, expand insurance coverage by increasing the income limits of the state program known as the HUSKY – Healthcare for Uninsured Kids and Youth and for the State-Administered General Assistance (SAGA) a state-run and state-funded program for childless adults. The LPRAC supports this increase, which based on data from the Universal Health Care Foundation of Connecticut, would potentially reduce the number of the uninsured by 40 percent. The LPRAC would recommend that the Public Health Committee consider including significantly higher Medicaid rates for physicians, hospitals, and dentists because of the increasing number of physicians that are no longer

accepting this type of state endorsed payments due to low reimbursement given by the state.

This *Connecticut Health First initiative* would also increase outreach programs in order to inform state residents that all uninsured children in Connecticut are eligible to enroll in the HUSKY program. The Public Health Committee should consider amending this proposal on this subject and specifically direct outreach funding to go to Latino newspapers, local Latino television stations and radio stations that normally reach out to the Latino population in order to increase awareness of the HUSKY program

within this segment of the population. The Public Health Committee should be made aware that about 36 percent of Connecticut immigrants come from the Caribbean, South America, and Central America and these immigrant groups are going to be an important component of current and future workforce growth. Given the fact that many of these immigrants obtain information from Latino television, local Latino papers; or Latino radio station, it makes financial sense to make outreach investments to the Latino media in order to increase awareness of the HUSKY program. We invite the new Commissioner of the State Department of Social Services, Mr. Michael P. Starkowski to work with the LPRAC on this area – the LPRAC has a comprehensive list of all Latino media contacts across the state that is available for Mr. Starkowski to use and we can provide him with a list of companies that can easily translate this information into Spanish.

The Public Health Committee should also consider expanding the State Children's Health Insurance Program to noncitizens in order to include all children regardless of legal status, length of U.S. residency, or sponsorship. According to a report prepared by the Urban Institute for DemocracyWorks entitled Immigrants in Connecticut: Labor Market Experiences and Health Care Access¹ recent noncitizen eligibility rules changes have created confusion about which groups of legal immigrants

¹ Randy Capps, Karina Fortuny, Allison Cook, Everett Henderson, and Steve Zuckerman. 2005. Immigrants in Connecticut: Labor Market Experiences and Health Care Access



are eligible for HUSKY and which are not, leading to substantial enrollment reductions, expanding HUSKY eligibility to all children regardless of citizenship or immigration status – as implemented in New York and Massachusetts – would improve health care access, especially among Latin American immigrants and their children. The expansion of the HUSKY eligibility, as recommended by the report previously mentioned and by the LPRAC could potentially improve the financial picture for hospitals by reducing the need for uncompensated care.

Furthermore, it would make sense if the Connecticut General Assembly and the Department of Social Services create a program name for HUSKY that can be more culturally and linguistically understood by Limited English Proficient clients. A more easily to understand name for what HUSKY stands for – Healthcare for Uninsured Kids and Youth – can also help increase access to health care for a segment of the public that already faces other language and cultural barriers when accessing services in Connecticut.

The LPRAC would also be supportive of restoring Continuous Eligibility, a process that is already included in the Connecticut Health First Initiative that makes enrolling and reenrolling in HUSKY easier.

The LPRAC, if all possible, would welcome the possibility to be included in the proposed panel to continue researching policy alternatives for covering those who remain uninsured or underinsured. This investigative commission currently recommended in the Connecticut Health First Initiative would be similar to what Illinois, Colorado, Louisiana, Maine, Maryland, New Mexico and Washington are planning to do in order to



create recommendations for expanding coverage and reforming health care. Our recommendation is for the Connecticut General Assembly to have this committee work on developing recommendation within the current legislative session in order to adopt a law for universal health care in Connecticut in 2007 and potentially become a model for the rest of the country to follow.

The LPRAC was created by the Legislature of the State of Connecticut through Public Act No. 94-152, taking effect February 1, 1995. LPRAC is part of the Legislative Branch and governed by Section 2-120 of the Connecticut General Statutes. The LPRAC is mandated to review and comment on any proposed state legislation that would affect the Latino population in the state.

Thank you for your attention to my testimony and I would welcome any questions that you may have on this matter.