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**PERMANENT COMMISSION ON
THE STATUS OF WOMEN**

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**Testimony of
Teresa C. Younger
Executive Director
The Permanent Commission on the Status of Women
Before the
Human Services Committee
Tuesday, February 26, 2008**

Re:

**SB 34, AA Implementing the Governors Budget Recommendations with
Respect to Social Service Programs**

HB 5618, AAC Revisions to the Husky Plan

HB 5620, AA Raising the Child Support Age Limit

Good morning Senator Harris, Representative Villano and members of the committee. I am Teresa Younger, the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify on several bills before you regarding the Governor's Budget Recommendations for Social Service Programs, the HUSKY Plan and the child support age limit.

**SB 34, AA Implementing the Governors Budget Recommendations with
Respect to Social Service Programs**

Breast and Cervical Cancer Coverage

We support the allocation of \$850,000 for Breast and Cervical Cancer Coverage, which would increase services for 300 additional women.

**35th anniversary
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the State's leading force for women's equality

Breast cancer is the second leading cause of cancer death among North American women.¹ Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.² There are significant racial and ethnic health disparities for breast cancer. In Connecticut, White women have a breast cancer incidence rate of 135.5. This rate is higher than Blacks (121.7), Asian and Pacific Islanders (109.3) and Hispanics (107.2). However, Black women have a higher estimated mortality rate than White women, 33.8 and 25.4 respectively.³ The disparity between incidence and mortality rates is attributed to Black women being diagnosed with breast cancer at a later stage, when five-year survival is less likely.⁴ This data strongly suggests that early detection of breast cancer in Black women would reduce the disproportionately high mortality rates experienced by this group.

Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction of the Pap test. When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.⁵

The PCSW has supported the Breast and Cervical Cancer Detection and Screening program (BCCEDP) since it was initiated in 1995 because it provides screening for the early detection of breast and cervical cancers among low-income and uninsured women who are typically underserved. Since its inception, it has screened 35,000 women - 350 were diagnosed with breast cancer and 201 were diagnosed with cervical cancer. In FY 2004-2005, 8,100 women were screened.⁶

This important program has been under-funded in the past, and therefore forced providers to turn women away, put them on waiting lists or postpone life-saving screens until additional funds were allocated. The proposed additional funding will keep providers from running out of money and allow them to continue this essential service for 300 additional women.

¹ Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347-360.

² Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141-169.

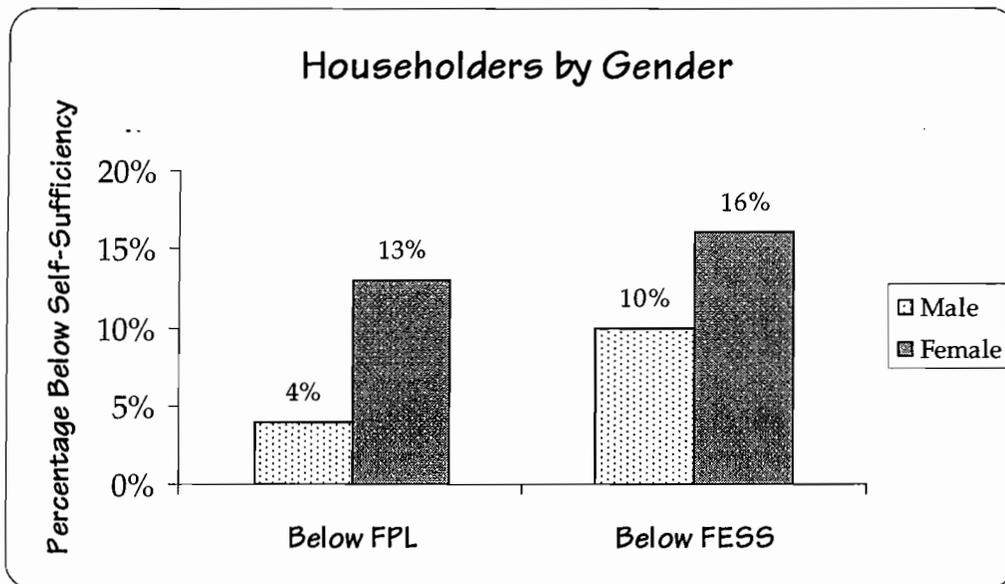
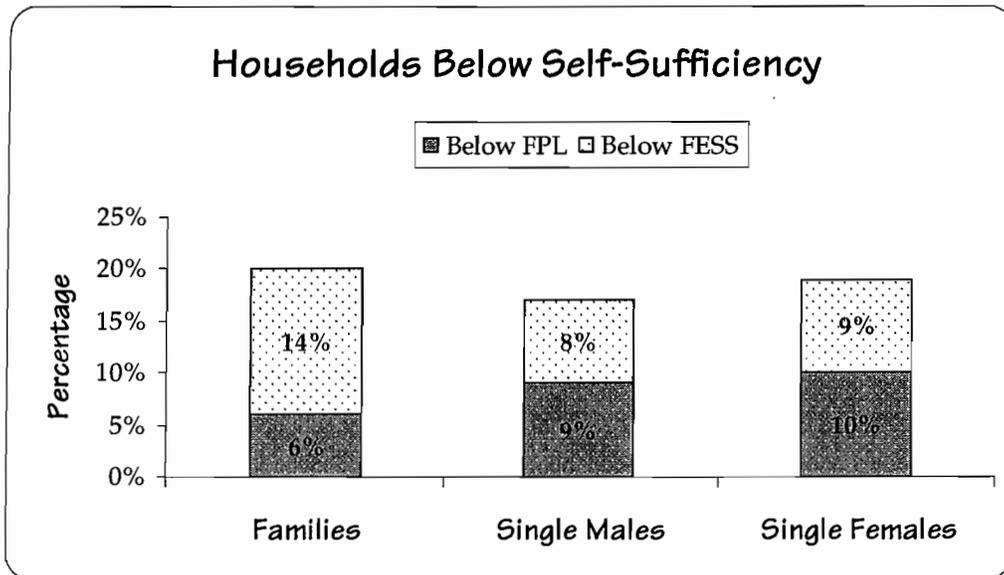
³ National Cancer Institute. *State Cancer Profiles 2002*, <http://statecancerprofiles.cancer.gov/incidencerates/incidencerates.html>

⁴ Ries, L.A.G., M.P. Eisner, C.L. Kosary, et al (eds). 2001. *SEER Cancer Statistics Review, 1973-1998* Bethesda, MD: National Cancer Institute.

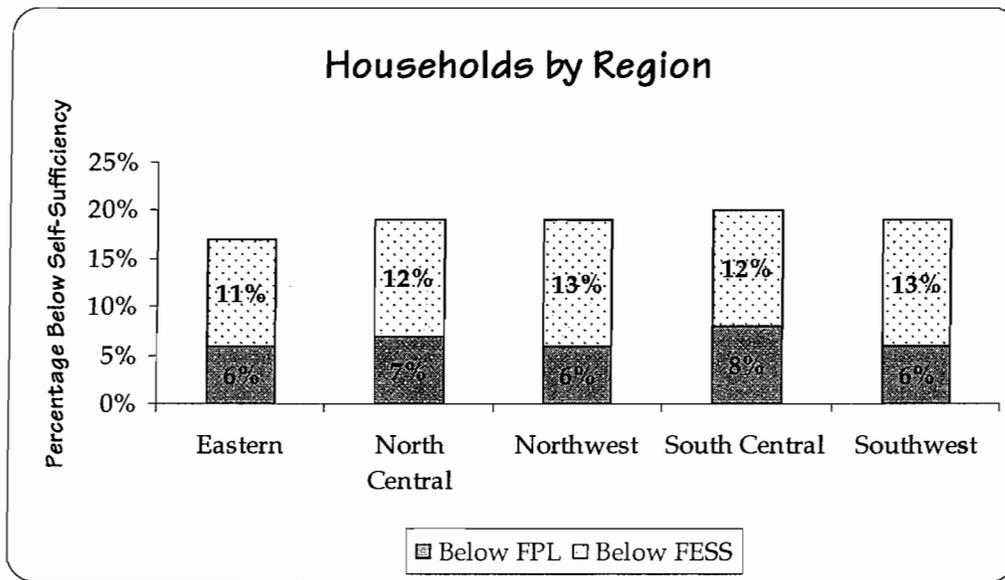
⁵ Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.

⁶ Connecticut Statistics on the BCCEDP provided by Lisa McCoev. Department of Public Health. 2/06.

In a time when 20% of Connecticut households do not have enough income to meet their basic costs of living based upon the **family economic self-sufficiency standard (FESS)**,⁷ we should be addressing how to assist families more rather than cutting programs that assist families with basic needs.



⁷ Diana M. Pearce, Ph.D. *Overlooked and Undercounted: Where Connecticut Stands*. Prepared for the Permanent Commission on the Status of Women, June 2007 – also source for self-sufficiency charts.



Foreign Language Interpreter Services Medical Necessity and Appropriateness Definition

Last year, the Legislature passed a bill to amend the state Medicaid plan to provide foreign language interpreter services. The Governor's budget proposes to repeal this provision, resulting in a reduction of \$4.7M. The Governor's budget also proposes to implement the medical necessity and appropriateness definition under the Medicaid plan, resulting in a reduction of \$4.5M. The combined effect of eliminating \$9.2M from the Medicaid plan will impact access to healthcare negatively.

Inability to communicate with a health care provider can result in serious injury or death. An estimated 22,000 Medicaid recipients in Connecticut face an additional barrier to accessing health care due to limited English proficiency.

Enforcing a medical necessity and appropriateness definition would also impede access to health care, and deprive Medicaid recipients of medical care that they need to lead healthy and productive lives. Although it may appear to be a technical matter, in actuality it would result in limited access to health care, especially for specialty care and chronic conditions. Connecticut's seniors, disabled and low-income individuals cannot pay for the health services that are denied by Medicaid. In the end, it is likely that the state could incur more costs as individuals become sicker and the services more expensive.

Non-Entitlement Programs

The Governor's proposed budget cuts over \$4.2M from non-entitlement programs, which include services to the elderly, nutrition assistance, housing/homeless services and community services. These reductions will impact the most vulnerable individuals and families in the state.

HB 5618, AAC Revisions to the Husky Plan

PCSW supports the proposal in HB 5618 to eliminate cost sharing under the HUSKY Plan, Part B. Health care and insurance must be affordable so that true universality is accomplished. This means that low-income households should be exempt from cost-sharing while higher income households should pay no more than 5% of family income on total health care costs. The PCSW urges decision-makers to ensure that these elements are included in any plan for universal or other health care reform. Only by doing so will health care reform address the needs of women and girls.

HB 5620, AA Raising the Child Support Age Limit

PCSW supports the passage of HB 5620 which would require child support be paid through the age of twenty-one. Of the 20% of working families who are below the FESS, female head of households represent 29% vs. 14% of male head of households.⁸

As one of our speakers at our Making Women Visible event Michelle Bussoloti said, "one way to guarantee living in poverty is to be a single mom." She has experienced it first hand, raising a son by herself with an arrearage of \$38,000 in child support. Parenting and financial support does not end at the age of 18 because parents are responsible for preparing their children for the future either by preparing them for a well-paying job or assisting with the acquisition of a college education.

Community college costs for low- and middle-income students in Connecticut represent 37% of annual family incomes; costs to attend four-year public universities represent one-half of family income.⁹ We support all efforts to hold both parents responsible for the needs of their children.

⁸ See footnote 7.

⁹ PCSW. *Getting to a Better Tomorrow: A Women's Economic Security Package*. 2008 p. 5.