



Child Health and Development Institute of Connecticut, Inc.

February 25, 2008

**WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILL NO. 5618: AN ACT
CONCERNING REVISIONS TO THE HUSKY PLAN.**

Submitted to: The Committee on Human Services

By: Judith Meyers, Ph.D. – President and CEO, Child Health and Development Institute of Connecticut (CHDI) and the Children's Fund of Connecticut

Senator Harris, Representative Villano and other members of the Human Services Committee, as President and Chief Executive Officer of the Children's Fund of Connecticut and its subsidiary, the Child Health and Development Institute of Connecticut (CHDI), I am writing in support of House Bill #5618, AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN.

Our mission is to ensure that all children in Connecticut have access to and benefit from a comprehensive, effective, community-based health care system. Health insurance is a key element of access to health services.

Research has clearly shown that lack of health insurance is a significant barrier to seeking and receiving health services. Children who are uninsured do not receive all of their recommended well child visits.¹ This is true nationally, but we have documented it in Connecticut also, where in 2003, one in four uninsured children went without any health care for the entire year, compared to one in ten for insured children.² We are currently analyzing child health utilization data from a large sample of pediatric and family practice providers in Connecticut. The rates of receipt of well child care services for uninsured children are half those for commercially insured children and 40% below those for the HUSKY population.³

When children do not receive all of their well child visits, they miss out on important preventive services, such as immunizations, and they also miss out on the opportunity for early detection of health and developmental problems (e.g. lead poisoning, developmental delay) that is so critical to effective early intervention. When uninsured children do receive well child services, they are twice as likely as insured children to have problems identified during these visits.⁴

¹ Newacheck PW, McManus M, Fox HB, Hung Y, Halfon N. Access to health care for children with special health care needs. *Pediatrics*. 2000;204(4):760-768

² Robert Wood Johnson Foundation (RWJF). *Going Without: America's Uninsured Children*. <http://www.rwjf.org/files/newsroom/ckfresearchreportfinal.pdf> August 2005

³ Child Health and Development Institute unpublished data.

⁴ Child Health and Development Institute unpublished data.

Enactment of H.B. 5618 would guarantee 12 month eligibility for children in the HUSKY program. This would keep more children enrolled in HUSKY and provide families with extended time in which to access important preventive health services. Continuous coverage would allow families to establish relationships with their children's primary care providers and generally increase their continuity of care, which has been shown to decrease utilization of emergency departments and hospitalizations.⁵

H.B. 5618 also calls for the elimination of premiums and co-pays in HUSKY B. Enactment of this portion of the proposed legislation would remove two important barriers to children's health insurance and utilization of health services. The elimination of premiums would remove the financial disincentive for families to obtain health insurance coverage for their children. Enrollments in HUSKY B have been shown to fluctuate according to premium costs.⁶ Removal of co-pays would encourage families to seek health care services for their children. It has been shown that when families need to make a co-payment for medical services, they are less like to seek care for minor problems, as well as for serious illnesses.⁷

The Children's Fund and CHDI are committed to improving the health system for children in Connecticut. Continuous health insurance coverage at no cost to parents and no cost health services for low income families are critical elements in an accessible health system for children. We will continue to do our part, providing helpful information, evaluation, and support, and hope that you will do yours, to assure the healthy growth and development of Connecticut's most vulnerable children by supporting H.B. 5618.

If I can provide you with any additional information about the points in this letter or about CHDI's work to improve health services for Connecticut's children, please don't hesitate to call me.

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⁵ Christakis DA, Mell L, Kopesell TD, Zimmerman FJ, Connell FA. Association of lower continuity of care with greater risk of emergency department use and hospitalization in children. *Pediatrics*. 2001;103(3):524-529

⁶ Covering Connecticut's Children: How Policy Changes Affect HUSKY Program Enrollment. November 2006. available at: <http://www.ctkidslink.org/publications/h06policychangeshusky.pdf>

⁷ Wong M, Andersen R, Sherbourne D, Hays R, Shapiro M. Effects of cost sharing on care seeking and health status: Results from the medical outcomes study. *American Journal of Public Health*, 91(11), Nov. 2001, p. 1889-1894