5172 only

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Permanent Commission on the Status of Women

The State's leading force for women's equality

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6600

Testimony of
Teresa C. Younger
Executive Director
The Permanent Commission on the Status of Women
Before the
Human Services, Insurance and Real Estate, Public Health Committees
Monday, March 2, 2009

Re:
H.B. 6582, AA Establishing the Connecticut Healthcare Partnership
H.B. 5172, AA Establishing the Connecticut Healthy Steps Program
S.B. 988, AAC Medicaid Funding for SAGA and Charter Oak
H.B. 6600, AAC the Establishment of the Susinet Plan

Senators Doyle, Crisco and Harris and Representatives Walker, Fontana and Ritter and members of the committee, thank you for this opportunity to provide testimony in support of on several healthcare reform bills before you today. I am also testifying on behalf of the Connecticut Women's Health Campaign (CWHC), a broad coalition of organizations committed to and working for the health and well-being of Connecticut women over their lifespan; and the Young Women's Leadership Program (YWLP), which highlights the concerns of women ages 18 to 35.

While the specifics of each bill – House bills 5172, 6582 and 6600, and Senate bill 988 – are all different, they all attempt to expand availability and affordability of health insurance benefits to all Connecticut residents. We support this intent because the increasing numbers of uninsured persons affect all genders, races, and ages.

In 2006, 11% of Connecticut's population aged 25 to 64,[1] and one-third of young adults, ages 19 to 29 were uninsured.[2] As of December 2007, the Kaiser Family Foundation estimated that there

[1] Families USA. *Dying for Coverage*, April 2008.
[2] <http://www.ct.gov/ohca/lib/ohca/common_elements/household06_summary_single_pages_for_pdf.pdf>.

were over 130,000 uninsured women ages 18-64 in Connecticut.[3]

Lack of health insurance increase the risk of undiagnosed conditions resulting in health disparities and deaths. Uninsured adults are more likely to be diagnosed with a disease in an advanced stage. For example, uninsured women are substantially more likely to be diagnosed with advanced stage breast cancer than women with private insurance.[4]

Lack of health insurance also leads to financial ruin for many families. Almost 8% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses.[5] Connecticut women have higher out-of-pocket medical expenses than men, and are more vulnerable to medical debt. Fifty-six percent (56%) of medical bankruptcy filers are women.[6]

We request that any plan that is developed address women's special needs and concerns to ensure that we have equal access to health care, which means ensuring that it is:

- Gender appropriate
- Culturally competent
- Comprehensive and preventive; and
- Confidential.

This means that coverage must be both **comprehensive and preventative.** Coverage must include specialty care, mental health and substance abuse treatment, access to prescription medication, vision and oral health care, preventive care, acute and long-term care, rehabilitative care, and reproductive health services, including coverage of family planning, contraceptives, abortion, cancer detection and treatment, prenatal care, and inpatient overnight stays for child-birth and mastectomy when needed.

Consumers must be able to access an array of practitioners, including midwives and nurse-practitioners. Settings should include community and school-based health centers, family planning clinics, and others that provide a safety net to underserved populations, including women and girls. Women must be able to identify a gynecologist or other specialist as their primary care provider if reform builds on a managed care system.

Health care should be responsive to and inclusive of diverse populations and differences among clients. Proposals should strive to eliminate racial and ethnic disparities by design. This would include proactive recruitment of bilingual and multicultural health professionals and improved health data by collecting information gender, race and ethnicity. In particular, this

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[3] <http://www.kff.org/womenshealth/upload/1613_07.pdf>.
[4] Families USA, *Dying for Coverage*, April 2008.
[5] State Health Access Data Assistance Center, December 2007
[6] D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*. February 2005.

means that medical interpreters must be provided and paid for as a covered service in order to ensure that those with limited English proficiency are able to communicate effectively with their providers.

Protect the confidentiality of women and girls. Current state statutes protecting the confidentiality of services for all minors, including reproductive and behavioral health care, must be integral to any universal plan. For example, patients with HIV infection, survivors of sexual violence and domestic abuse, and those who seek behavioral health care must be confident that seeking care will not result in disclosure of their health condition.

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.

We urge you to include these elements in any plan for health care reform. Thank you for your consideration.

CONNECTICUT WOMEN'S HEALTH CAMPAIGN E-News
January 2009

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Permanent Commission on the Status of Women

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