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Permanent Commission on the Status of Women
The State's leading force for women's equality

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Testimony of
The Permanent Commission on the Status of Women
Before the
Human Services, Insurance and Real Estate, Public Health Committees
February 14, 2011

Re: H.B. 6305, AAC Implementation of the Sustinet Plan

Senators Stillman, Musto and Crisco and Representatives Ritter, Tercyak and Megna, and members of the Human Services, Insurance and Real Estate and Public Health Committees, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) in response to the introduction of **H.B. 6305, AAC Implementation of the Sustinet Plan.**

CT Specific Data

- In 2006, there were more than 1,906,000 people between the ages of 25 and 64 living in Connecticut. Of those, 11% were uninsured. Uninsured Connecticut residents are sicker and die sooner than their insured counterparts. [1]
- The Kaiser Family Foundation estimates that in 2009, there were over 130,000 uninsured women ages 18-64 in Connecticut (12% of the female population).[2]
- According to the Connecticut Office of Health Care Access, one third of Connecticut's uninsured are young adults, ages 19-29. [3]
- 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. [4]
- 2.1% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses. [5]

Lack of health insurance increases the risk of undiagnosed conditions resulting in health disparities and

[1] Families USA, Dying for Coverage, April 2008

[2] Kaiser Family Foundation, Connecticut: Health Insurance Coverage of Women Ages 18-64 (2009) <http://www.statehealthfacts.org/profileind.jsp?cmprgn=1&cat=3&rgn=8&ind=652&sub=178>

[3] http://www.ct.gov/ohca/lib/ohca/common_elements/household06_summary_single_pages_for_pdf.pdf

[4] D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," Health Affairs. February 2005.

[5] State Health Access Data Assistance Center, <http://www.shadac.org/state/ct#1>

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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. [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.

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.

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 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.

We support the intent of this bill because the increasing numbers of uninsured persons affect all genders, races, and ages. We appreciate your continued attention to this matter, and look forward to working with you on this important issue.

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[6] Families USA, *Dying for Coverage*, April 2008.