Testimony supporting S.B. 437: An Act Concerning A Two-Generational Initiative
Testimony regarding H.B. 5463: An Act Concerning a Medicaid Public Option

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Human Services Committee
March 13, 2018

Senator Moore, Senator Markley, Representative Abercrombie, Representative Case, and esteemed members of the Human Services Committee,

My name is Karen Siegel, and I am submitting testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for this opportunity to express our support for S.B. 437 and conditional support of H.B. 5463.

Connecticut Voices for Children is interested in these bills, in part, because we coordinate the Covering Connecticut’s Kids & Families (CCKF) project. For well over a decade CCKF has brought together representatives of state health insurance programs like HUSKY and the Access Health CT insurance exchange with health and social services community partners to share information to improve health coverage and access to care.

Testimony supporting S.B. 437: An Act Concerning A Two-Generational Initiative

Coordination of services is key to addressing social determinants of health—the structural environment and conditions in which people live, including their social and community environment, economic status, local and national policies, racial segregation, and education. Together, these social determinants are estimated to comprise 20 percent of an individual’s health through, for example, the influence of physical environment on health and the economic factors that facilitate access to health. Social determinants also heavily influence individual behavior through cultural norms, the difficulty or ease of engaging in health promoting behavior, and the proximity of services, just for example. We strongly support the efforts of the Two-Generational Initiative to address social determinants of health by coordinating services to address family wellbeing from a whole-family perspective. These programs help parents to engage in career training and education while supporting quality early care for children. Connecticut will grow our economy and ensure long-term health and opportunity by improving parents’ career opportunities and preparing young children for school. Increased coordination of efforts and data sharing between agencies will strengthen these efforts.

Testimony regarding H.B. 5463: An Act Concerning a Medicaid Public Option

Connecticut has achieved insurance rates for children and adults that are among the highest in the nation, and this is due in large part to the state’s HUSKY (Medicaid and CHIP) programs. Despite
such success, approximately 6 percent of people (218,600) in the state remain uninsured. The rates are higher when we consider families: as of 2016, 9 percent (61,800) of adults with dependent children were uninsured. Rates of uninsured parents and caregivers are likely higher than reported as the full impact of the difficult decisions to reduce HUSKY A parent eligibility in 2015 and again in 2017 are not apparent in 2016 data.

Analysis completed by Connecticut Voices for Children in response to the 2015 reduction in income eligibility for HUSKY A for parents and caregivers showed that the individual marketplace was not affordable for most of the parents and caregivers who lost coverage. The Connecticut Department of Social Services tracked the coverage status of these parents and caregivers, most of whom lost coverage in late 2016. No data is available on the impact of these changes on children, though we know that parent coverage is associated with both children’s coverage and children’s access to health services. As of October 2017, 78 percent of parents and caregivers who lost Medicaid coverage due to cuts enacted in 2015 had no known insurance. While it is possible that some of these families moved out of state or enrolled in an employer-based health plan, it is highly likely that the majority remain uninsured. Further, just 20 percent of this first cohort of HUSKY A caregivers to lose coverage were enrolled in a qualified health plan through the Access Health CT marketplace in October 2017, and approximately half of those who were enrolled had experienced a gap in coverage.

This evidence suggests a “coverage gap” or an increasing population of Connecticut residents—including both parents and caregivers previously covered by HUSKY A and others in their income range—who are both ineligible for HUSKY coverage and unable to afford health insurance through the Access Health CT individual health insurance exchange even with subsidies for premiums and cost-sharing. HUSKY E will only provide a solution for these families if the out-of-pocket costs—including deductibles—are affordable.

Further, increasing the percentage of insured families in Connecticut will likely require more than affordability alone. A survey conducted by UCONN found health insurance literacy in the state to be quite low. For example, just one in three enrollees in the individual marketplace could calculate out-of-pocket costs when their insurance plan included a copayment and deductible. In addition, since there are significant racial disparities in health insurance coverage and literacy, cultural factors are a likely barrier to enrollment. A successful campaign to reduce uninsurance in Connecticut would require increased health insurance education and outreach.

There is some precedent for Medicaid buy-in options in Connecticut. Prior to federal health care reform, parents were able to buy into HUSKY B (CHIP) in order to cover their children. Some Medicare Savings Program (which is a Medicaid program) and CHIP recipients pay premiums and some cost-sharing payments. So, at least part of the administrative infrastructure is in place. However, the proposed HUSKY E is a separate program, not a straightforward buy-in; the details of how it would be administered and the access it could provide are unclear. While Medicaid is well-structured to meet the needs of children and includes specific requirements for covering early screening and preventive care that can have a positive, lifelong impact on children’s health and wellbeing, it is unclear whether or not HUSKY E would include these protections. Connecticut’s HUSKY programs also boast impressive fiscal efficiency with the lowest per member per month Medicaid costs nationwide. A plan for HUSKY E should analyze the potential impact on costs of expanding the risk pool. An exploration of a HUSKY E option seems warranted by the combined
logistic feasibility and potential for cost effectiveness. However, we urge caution in ensuring the continued access, quality, and cost-effectiveness of existing HUSKY programs.

We respectfully suggest that a plan for HUSKY E focus on overall affordability for low-income families, include protections to ensure that the quality of and access to care provided by existing HUSKY programs are not eroded, and include outreach and health insurance literacy efforts.

Thank you for the opportunity to submit this written testimony regarding S.B. 437 and H.B. 5463. I can be reached with any questions at ksiegel@ctvoices.org or at 203-498-4240, ext. 120.


