



Connecticut Coalition Against Domestic Violence

Member Organizations

The Umbrella Center for Domestic Violence Services
Ansonia, CT

The Center for Family Justice
Bridgeport, CT

Women's Center
Danbury, CT

Domestic Violence Program United Services
Dayville, CT

Network Against Domestic Abuse
Enfield, CT

Domestic Abuse Services Greenwich YWCA
Greenwich, CT

Interval House
Hartford, CT

Chrysalis Domestic Violence Services
Meriden, CT

New Horizons
Middletown, CT

Prudence Crandall Center
New Britain, CT

The Umbrella Center for Domestic Violence Services
New Haven, CT

Safe Futures
New London, CT

Domestic Violence Crisis Center
Norwalk, CT

Women's Support Services
Sharon, CT

Domestic Violence Crisis Center
Stamford, CT

Susan B. Anthony Project
Torrington, CT

Safe Haven
Waterbury, CT

Domestic Violence Program United Services
Willimantic, CT

Testimony Supporting

HB 6389, AAC Explanation of Benefits

SB 842, AAC Health Insurance & Healthcare in Connecticut

**Insurance & Real Estate Committee
February 9, 2021**

Good afternoon Senator Lesser, Representative Wood, Senator Hwang, Representative Pavalock-D'Amato, and members of the committee. CT Coalition Against Domestic Violence (CCADV) is the state's leading voice for victims of domestic violence and those who serve them. Our 18 member organizations provide essential services to nearly 40,000 victims of domestic violence each year. Services provided include 24-hour crisis response, emergency shelter, safety planning, counseling, support groups and court advocacy.

We urge your support of HB 6389.

This bill seeks to require health insurers doing business in Connecticut to inform each consumer who is covered individually and legally capable of consenting to their own care that they can choose if and how any explanation of benefits (EOB) related to their care are issued, allowing EOBs be maintained as confidential. This proposed policy change addresses a crucial barrier to accessing healthcare for survivors of domestic violence by ensuring that when multiple people are on the same insurance plan (e.g., abuser and victim), confidential healthcare information is protected and not shared with anyone other than the patient.

Currently, EOBs are automatically generated, from health insurance companies, and sent to policy holders, not to the patient. This means that, without the patient's consent, the policy holder will have access to information about the patient's legally consented care. Sensitive information may be shared on EOBs including the name or type of provider and the type of service delivered. This automated statement disproportionately impacts vulnerable patients, such as survivors of domestic violence, who cannot or do not want to share personal health information for safety reasons.

One in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lives. Intimate partner violence (IPV) is more common for women in the United States than breast cancer and diabetes combined. IPV takes an incredible toll on the physical and emotional health of victims, with some notable health consequences including traumatic brain injury, depression, increased GI disorders, hypertension, and pregnancy complications. All of these health consequences lead to an increased need for medical services.

Unfortunately, many victims of domestic violence share a health insurance policy with their abuser. If victims are unable to control where their sensitive health information goes, they may be deterred from seeking care altogether, leading to missed opportunities for prevention and treatment. CCADV administers a Health Professional Outreach Program and our advocates have heard this concern expressed over and over by victims and healthcare providers alike. There are consequences not only for the individual victim's health, but for the healthcare system as a whole given that deferred prevention and treatment often lead to higher healthcare costs.

According to Futures Without Violence, survivors are 4x more likely to utilize domestic violence services after speaking with a healthcare provider about the abuse. The

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practice currently held in Connecticut that allows EOB's to be automatically generated and sent directly to the policy holder, not the patient, limits the safety of survivors by discouraging their use of the healthcare system and thereby limiting a major point of intervention. HIPAA prevents medical providers from disclosing most aspects of patient care and insurers should be bound by those same restrictions. We urge your support.

We urge your support of SB 842.

This bill seeks to make healthcare equitable, dependable and affordable by creating a public option for small businesses, nonprofits, and unions, expanding Medicaid eligibility, addressing high-deductible plans, and increasing subsidies for the individual insurance market. Increasing access to affordable healthcare by providing a choice between private insurance and a publicly-sponsored plan must be a priority for Connecticut. Healthcare should be viewed as a right, not a privilege for those who can afford it, particularly during a global pandemic.

According to the CT Campaign for Affordable Healthcare, even before the pandemic, 51% of Connecticut residents struggled to afford their healthcare and 43% reported foregoing or delaying care because of the cost. The pandemic has resulted in increased unemployment meaning even more individuals and families are losing access to healthcare. Expanding access and reducing healthcare expenses – especially for low- and middle-income residents – will positively impact the state's economy and ease the financial burden on families and small businesses.

Access to affordable healthcare is intrinsically tied to social justice. Communities of color and immigrant families have always faced overwhelming health disparities resulting from systemic and environmental inequalities that have historically limited equitable access to economic, physical and emotional health. This has been felt by these communities even more acutely during the pandemic. Ensuring truly equitable access would lead to fewer healthcare barriers and better health outcomes and greater economic security for communities of color.

The safety and well-being of survivors of domestic violence, including survivors of color, is also hampered by healthcare inequities. Survivors experience increased rates of chronic conditions due to the trauma associated with domestic violence and research shows that survivors are more likely to utilize a domestic violence intervention after speaking to a medical provider. Limitations on their access to healthcare means that not only will their physical and emotional health continue to deteriorate, but also that opportunities are missed to make them aware of available domestic violence services.

According to the Universal Health Care Foundation of Connecticut, a majority of Connecticut voters (71%) support a public option, including 72% of small business owners. As nonprofit employers, CCADV and our 18 member organizations have all experienced rising healthcare costs in recent years. Unfortunately funding for the services we provide free-of-charge to nearly 40,000 Connecticut residents each year has not addressed these increases, resulting in more stressors to the domestic violence service system and increased cost-sharing for our dedicated advocates. Creating more affordable options is one way to help relieve that stress. We urge your support.

Thank you for your consideration. Please do not hesitate to contact me with any questions or concerns.

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