

Dear Members of Insurance and Real Estate of the Connecticut General Assembly:

My name is **Gavin Guerra** of Weston, CT. I am an independent filmmaker and member of the ever growing group of what is known as the “Gig Economy”

I am offering my testimony in support of S.B. 842: An Act Concerning Health Insurance and Health Care In Connecticut.

S.B. 842 will make health care equitable, dependable, and affordable by creating new public options for health insurance in our state.

While my situation is not unique, it is stressful and somewhat difficult to comprehend. I am by no means “poor”, I make a decent living by reasonable human standards and am the sole financial provider for my family, yet I find myself under financial strain primarily due to the cost of meaningful health insurance. As a gig worker, one is an independent contractor and understands that your contract of employment lasts as long as the project you are working on. I was very fortunate to have health coverage on the last project I was on. That project ended at the exact time that the Covid lockdowns started. Film production ground to a halt and I’ve been taking advantage of COBRA to maintain coverage for my family at a cost of \$2,500 per month or \$30K per year!

I am blessed with a beautiful 8 year old, non speaking autistic daughter that suffers from a life threatening, but manageable affliction known as Crohn’s Disease. This illness needs to be closely monitored and treated with infusions and blood work on an ongoing basis. We are fortunate enough to live 50 miles from New York City where one of the world’s leading authorities on the disease has accepted her as a patient. Not wanting to jeopardize my daughter’s treatment, but hoping to cut expenses, I started looking for replacement plans on the Connecticut exchange, only to find that there are only 2 companies offered, and not only was my daughter’s doctor not covered in network, but all doctors had to be Connecticut based. Resigning myself to working within those restrictions, I started looking to see if the plans offered were at least “cheaper” than the \$2500/month I am currently paying. It turns out that there really was NO comparable plan and that the plans offered carried high base premiums, coupled with outlandish deductibles, out of pocket costs and co-insurance, with no guarantees that the treatments my daughter receives would be covered without a fight. At the end of the day, knowing that we will in fact USE our insurance, in fact RELY on it, these “affordable plans” on the exchange get right back, to at least \$30K very quickly. Democrats often joke that GOP health plans amount to “Don’t get sick and hope for the best”... Well I don’t have that luxury. My daughter IS sick, and will need a lifetime of care, her disability notwithstanding. As a single member LLC I don’t qualify for group rates, but I also don’t qualify for much by way of subsidy. I am truly falling through the cracks.

This is the absolute WORST aspect of American Exceptionalism. We are virtually alone in the industrialized world in not providing meaningful universal healthcare, and then we are always told how LUCKY we are that this is the case! I have to say that I’m not feeling terribly lucky here. The time to act on this is now. We need a robust public option! SB 842 will put us on that path. Thank you.

