

February 8, 2021

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

My name is Kaitlyn Shake, residing in Stratford, Connecticut. I am a full time Registered Nurse working at a local hospital. I support S.B. 842: An Act Concerning Health Insurance and Health Care In Connecticut.

We are in a healthcare crisis, and the lack of dependable and equitable access is hurting CT residents. Even before the pandemic, 51% of CT residents struggled to afford their healthcare, and 43% of CT adults reported foregoing or delaying care because of cost, leading to a workforce that is less healthy and an economy that is less robust. During 2020 because of the pandemic unemployment rates have skyrocketed and thousands of workers and families have lost critical coverage when they needed it the most.

Before the pandemic, CT's overall uninsured rate was 5.3% but it reached 6.8% for Black residents and 13.1% for Hispanic or Latino residents. Today, the pandemic is sickening and killing Black, Latino and Native Americans at higher rates than whites, reflecting and compounding health care disparities that have long gone unaddressed. S.B. 842 seeks to address the lack of racial equity in our system by expanding access to care.

Healthcare costs are a key driver of CT's high cost-of-living. Reducing health care expenses-especially for low and middle income residents will expand the state's economy and ease the financial burden on CT's families and small business. Currently as an individual my health insurance plan has a deductible of \$3,500 for Tier 2 treatment and \$5,000 for Out of Network. If I had a family plan my annual deductible would be \$7,000 for Tier 2 and \$10,000 for Tier 3/out of Network treatment.

In the late fall of 2020 I had an unexpected health event and required medical evaluation. It was the weekend and I spent an hour looking up and

contacting health care offices that were open and accepting patients. Eventually I realized my options were limited and resorted to finding an urgent care facility categorized as a maximum savings participant. According to my health insurance plan the only location designated as such was in the state of NY. With the limitation of maximum sites in my vicinity I ended up at the third location I found because the other walk ins said they were unable to accept anymore patients due to the influx of people coming in seeking assistance due to covid related health issues. Once I was able to find a location I spent 5 minutes with the provider and ended up with a \$100.00 bill.

When I was referred to a specialist there was only ONE provider in a 50 miles radius of my home. After finally being able to schedule an appointment, my visit required a full evaluation and multiple tests. Thankfully, since I was able to be seen by a 'maximum savings' provider all I was responsible for was my co-pay. However, if I was only able to be seen by someone classified as a 'standard savings' I would have been responsible for the bill in order to meet my annual deductible.

Flash forward to my annual eye exam which I had a month later with my eye doctor of 15 years. During the exam one of my metrics was abnormal--prompting the eye doctor to conduct several tests and schedule a follow up for another round of testing. The bill sent to me stated that from the three additional tests done my bill was almost \$1,000--I was shocked. The eye doctor informed me of additional testing necessary to provide a proper diagnosis. I, like many other residents, did not return by the suggested date until I was able to figure out how I was going to pay off the bill from the first visit. What working class and or middle class family can say that they like/love their private health insurance plan or that it is dependable? What individual or family can say that it is affordable? That it works for them and or allows them to seek the medical care they need in a timely manner? They don't.

Our state government needs to do better to protect and promote the health and well being of our residents by supporting S.B. 842 , a public option health insurance plan that will be truly affordable for working/middle class residents and families. Expand accessibility to our residents and increase providers in the networks. Ensure equity to combat the health care

disparities leading to negative and fatal health outcomes for communities of color.

If living through this pandemic witnessing CT residents suffer and die has not helped any members of this committee to evolve and understand the urgency and need of expanding health care affordability and access--I don't know what will. The time is now to support and pass S.B. 842.

Thank you for your time.

Kaitlyn Shake, BSN, RN