

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-1090

AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL

**Title:** SINGLE PAYER, UNIVERSAL HEALTH CARE PROGRAM.

**Vote Date:** 4/1/2021

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/30/2021

**File No.:**

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## **SPONSORS OF BILL:**

Human Services Committee

## **REASONS FOR BILL:**

This bill establishes a commission to study the potential for a single-payer universal health care system in Connecticut, to address the issue of the lack of health care coverage for all residents. The commission would be tasked with studying many aspects of such a health care program in the state including but not limited to, the feasibility, potential structure, and anticipated economic and health impacts. The substitute language adds several appointed members to the commission including private insurance industry representatives, legal advocates, and the Commission on Women, Children, Seniors, Equity & Opportunity. The substitute language also adds new areas of focus to the study to examine best practices, racial equity, and existing Medicaid enrollees. An amendment was made to include at least two health care consumers appointed by the ranking members of the committees of cognizance, to ensure minority representation on the commission.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

The Department of Social Services appreciates the goal of expanding health care access and coverage for all Connecticut residents. To the extent that the commission studies expanding HUSKY Health to encompass the Connecticut state employee health plan and the coverage of uninsured individuals, the Department “would have the capacity to participate and to provide detail on current eligibility standards, covered services, and provider rates.” The testimony explains that the administration supports efforts to study and address uninsured individuals through the enhanced exchange subsidies enacted through the federal American Rescue Plan and Governor Lamont’s proposed bill, HB 6447.

## **NATURE AND SOURCES OF SUPPORT:**

Ted Doolittle, Healthcare Advocate for the State of Connecticut (OHA), notes the importance of studying how to reform employer-sponsored coverage and individual coverage, which “has been unable to negotiate internationally competitive prices for care” while simultaneously examining how to grow HUSKY, which has delivered “by far the most success in that regard.” Mr. Doolittle believes the commission should include at least four additional members who have life experience around health coverage insecurity, for which he lists suggested criteria.

The Connecticut Hospital Association (CHA) appreciates that the bill includes CHA on the Commission. CHA believes that provider voices are critical to understand and address the provider reimbursement deficiencies in government-sponsored health insurance programs. By providing this insight, CHA hopes to avoid “a universal reimbursement structure that systematically underpays providers” which would be “devastating to patient care in our state.”

Alison Weir, Public Advocate and Attorney, Greater Hartford Legal Aid recommends an amendment to include two representatives from non-profit organizations that provide direct legal representation to low-income Medicaid enrollees. These individuals have important insights into the intersecting federal and state laws from a consumer perspective. Ms. Weir also urges the Commission to study the potential impacts of a single-payer system on existing Medicaid enrollees. Ms. Weir notes that the HUSKY program has historically maintained costs much more efficiently than private insurers. Therefore, she believes it can be a good foundation on which to build a single-payer program for all residents.

Stephen Wanczyk-Karp, LMSW, National Association of Social Workers  
Nicole Sanclemente, Policy and Program Associate, The Connecticut Women’s Education and Legal Fund (CWEALF)

Both testifiers believe that our current fragmented health care system excludes many lower-income households, immigrants, and employees of small businesses. The pandemic has exposed the many challenges, barriers, and inconsistencies of our healthcare system. Mr. Wanczyk-Karp notes that when individuals do not have access to preventative care, providers incur debt for uncompensated care and consumers experience debilitating medical debt. Ms. Sanclemente comments that with health care costs rising much faster than median wages, families are forced to choose between seeking care and spending their income on other vital necessities.

Linda Bronstein  
Sal Luciano, President, Connecticut AFL-CIO

They believe that a single-payer system would streamline and simplify the process of obtaining and maintaining health insurance. Many people have short-term employment or seasonal jobs, and their access to health insurance is volatile. Due to multiple applications and varying qualifications, many people experience a lapse in health coverage. Both testifiers explain that a single-payer system would give residents the security of health care, without experiencing the anxiety and fear associated with an employer-based healthcare system. A

single-payer system would redirect resources from administrative costs to the provision of health care.

Carlos Moreno, State Director, CT Working Families Organization  
Karen Siegel, Director of Policy, Health Equity Solutions

They support this bill because rising health care costs are a major economic threat to Connecticut residents. They note that affordability is a barrier to being insured, and people of color in CT experience dramatic inequities regarding insurance coverage. Mr. Moreno noted that several states have studied the impact of single-payer state-level systems; they have “determined net cost savings and/or increases in household income overall.” Mr. Moreno and Ms. Siegel suggest the addition of a health equity impact analysis to examine coverage by race and ethnicity, as well as barriers to enrollment and usage. They also urge the inclusion of undocumented immigrants within the analysis of uninsured persons.

Jill Zorn, Senior Policy Office, Universal Health Care Foundation of Connecticut requests that the study specifically includes a health equity impact assessment, as well as the inclusion of coverage for undocumented immigrants. Ms. Zorn also recommends adding 5-6 consumers to be appointed as at-large members, as well as a representative from the Commission on Women, Children, Seniors, Equity and Opportunity. She also believes that attention needs to be given to the racial and ethnic makeup of the commission; “it should broadly reflect the makeup of the Connecticut population.”

Ronna Stuller, Timothy Gabriele

They each discuss how a single-payer healthcare system would significantly benefit municipalities, allowing them to invest their budgets in what is best for their communities. Mr. Gabriele notes that a single-payer system would remove many barriers to care, including insurance claim denials. Ms. Stuller requests that the Commission include four insured and/or underinsured individuals whose lives have been affected by health care issues. Additionally, she recommends examining the trickle-down impacts of our current system on municipalities, employers, and individuals.

Taylor Biniarz, Joan Cavanaugh, Alon Cohen, Claudette Kidd, Noelle McElaney, Paula Panzarella, Rena Paris, Larry Rizzolo, Patrick Scalisi and Dennis Wainwright

They support this bill because a single-payer universal system would make healthcare more equitable, dependable, and affordable. They believe Connecticut needs to prioritize access to care, which would save lives, over profit. Each testifier explains how the current system disenfranchises certain patients due to the extremely high price of health insurance. As the current system stands, many people have to choose between health coverage and other basic necessities. Many testifiers share their personal experiences navigating the healthcare system, and the multitude of challenges associated with it.

Silvan Amar, Alex Kawa and Karen Warinsky

They support this bill because they believe it is an important step towards charting a path to a cost-effective statewide single-payer health plan in Connecticut. They note that a single-payer system makes fiscal sense, saving the state a tremendous amount of money. Mr.

Kawa notes that the pandemic has highlighted the importance of guaranteeing health care to all Connecticut residents as a right. Mr. Amar urges the passage of this bill so that healthcare is not tied to employment, which is inconsistent and volatile for many workers.

#### **NATURE AND SOURCES OF OPPOSITION:**

Ellen Andrews, Executive Director, CT Health Policy Project opposes this bill. Ms. Andrews is concerned that the HUSKY benefits and provider panel will not adequately serve other CT residents if it were to be expanded. She believes that expanding access to HUSKY could negatively affect the one in four state residents currently covered by the program. Ms. Andrews states that the study group should include additional voices and key perspectives to be successful. She notes her concern with the leadership of the study group and urges the Commission to refrain from entering this study with a pre-determined model.

The Connecticut Association of Health Plans opposes this bill as it stands. They note that the health insurance industry is a major source of economic activity in the state, supporting over 40,000 jobs. The Connecticut Association of Health Plans believes that impact must be considered within the discussion of establishing a single-payer system. They request the addition of two appointments from the commercial health insurance industry due to their expertise on the “various sectors and populations that are the intended focus of the commission.”

Brendan Peppard, America’s Health Insurance Plans (AHIP) believes that moving to a single-payer system “will lead to less competition, less innovation, and less efficient health care with higher costs for all Connecticut families and employers.” Additionally, AHIP believes that a single-payer, universal system will not remedy rising health care costs because rate setting will “destabilize rural hospitals and other health care providers.” AHIP offers specific proposals to address health care affordability, which are centered around reducing the cost of health care, offering premium savings to consumers, and increasing participation to balance risk.

**Reported by: Gianna Vollano**

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