CHAIRPERSONS:	Senator Marilyn Moore, Representative Catherine Abercrombie
SENATORS:	Berthel, Lesser
REPRESENTATIVES:	Arora, Buckbee, Case, Cook, Dathan, Garibay, Goupil, Hughes, Santiago, Stallworth, Wood

SENATOR MOORE (22ND): Good afternoon, all this is State Senator Marilyn Moore. We're getting ready today is -- what day is today? Today is Tuesday.

REP. ABERCROMBIE (83RD): 30th.

SENATOR MOORE (22ND): Tuesday, the -- March the 30th. I don't know where the month has gone. We're going to consider meeting for human services. This is a Public Hearing. We'll be listening to testimonies today on, AN ACT ESTABLISHING A COMMISSION TO STUDY HUSKY FOR ALL SINGLE PAYER UNIVERSAL HEALTH CARE PROGRAM. Any comments from my Chairs, Co-Chairs?

REP. ABERCROMBIE (83RD): No. Just welcome to everybody. And just also remember that we had a Bill similar to this, probably about eight years ago. So just so everybody's aware. Thank you, Senator.

SENATOR MOORE (22ND): You're welcome. Representative Case.

REP. CASE (63RD): No, I'm good. I believe Senator Berthel will be with us shortly once he has his quick ride home from the Senate session. So you're welcome.

SENATOR MOORE (22ND): All right then. So we'll get started. So the first person on the list is Jill Zorn. Jill, are you there?

JILL ZORN: Yes, I am.

SENATOR MOORE (22ND): Thank you, Jill.

JILL ZORN: Okay, Senator Moore and Representative Abercrombie, and Members of the Committee. My name is Jill Zorn, and I'm Senior Policy officer at Universal Health Care Foundation of Connecticut. And I'm here today to testify on behalf of the foundation to convey our strong support for Senate Bill 1090. It's an important step toward achieving guaranteed quality, affordable equitable health care for all in Connecticut.

As you know, our current system of health care coverage care and finance is extremely fragmented, and it's broken. Huge variation exists in benefit designs, provider networks, prescription drug formularies, and the prices paid for care. This leads to a system -- well, really a non-system, where the United States has the most expensive health care in the world, it has massive racial, ethnic -- racial and ethnic health disparities, and has higher uninsurance rates and worse health outcomes than most developed countries.

And the affordability challenges of our system are so extreme that we have a very high rate of under insurance too, even those with coverage are often afraid to use it. We fully support adding Connecticut to the growing list of states, including New York, Oregon, Washington and Colorado that are studying the implementation of a single-payer system. It's about time that Connecticut joined these ranks.

And we're glad to see the provider rates are included in this study. The goal should be one price list to improve administrative simplicity and

enhanced affordability that given the extreme variation in what providers are paid now, this will be a challenging implementation issue. So it's important to study. And the study should definitely include a health equity impact assessment. The Bill should also explicitly state that coverage for undocumented immigrants would be included. And it should look at the impact of all kinds of jobs, not just those and health or insurance sectors, on the overall cost of health care and on the economy as a whole. We'd like to say that the current list of proposed commission members really needs to be augmented with consumer representatives. And we've given some examples. And also someone from the Commission on women, children, seniors, equity and opportunity should be included -- someone from that Commission should be included on this Commission.

Our foundation has extensive experience participating on commissions and overseeing studies of health policy reform, in our experience funding, both for the research itself and for staff support will be necessary if this effort is to be successful. And while this study is happening, we still need to make progress uncovering more people. So I hope the Committee will J.F. -- S.B. 956, and 1056 to expand HUSKY to more people, regardless of immigration status. We urge you to pass S.B. 1090. I'm happy to take any questions.

SENATOR MOORE (22ND): Thank you, Jill. Questions? Representative Hughes.

REP. HUGHES (135TH): I just wanted to clarify that in the latest language there is consumer representatives added.

JILL ZORN: Okay, great. Thank you.

REP. HUGHES (135TH): So I just want to note that for the record.

SENATOR MOORE (22ND): Thank you. Anyone else? Thank you, Jill. Appreciate it.

JILL ZORN: Thank you.

SENATOR MOORE (22ND): Take care. Next is Alison Weir.

ALISON WEIR: Good afternoon, Senator Moore, Representative Abercrombie, Representative Case, and Members of the Committee. My name is Alison Weir. I'm a policy advocate with Greater Hartford Legal Aid. I'm here in support of S.B. 1090, on behalf of Greater Harvard Legal Aid, Connecticut Legal Services and New Haven Legal Assistance Association. We are fully in support of the Bill but we recommend that Legislature amend the Bill to include Representatives from nonprofit organizations, which provide direct legal representation to low-income Medicaid enrollees and to study the in -- and to include the study of the impact of any program on existing Medicaid enrollees.

The HUSKY Medical program in Connecticut is a successful and efficient mechanism for providing a wide range of health care. And as had a cost track -- as a track record of containing costs, it is second to none among health insurance programs in the state. As such, it can be a good foundation to build on pump -- which to build a single payer program for all residents, which is certainly a worthy idea for the study. Legal services fully supports the commission to study a HUSKY for all program.

We cautioned however, that any study should include consumer advocates, including representation -- Representatives from those nonprofit legal organizations that work daily to preserve the legal rights of low-income residents to healthcare. Healthcare systems is a notoriously complicated collection of intersecting federal and state laws. And having individuals steeped in these laws from

the perspective of the consumer can only help improve the understanding of -- and work of the Commission, as it considers expanding the program to all.

While the Commission includes Representatives from the health equity solution, and United States of Care, which are great consumer advocates, they're not legal organizations engaged in the legal pitfalls of getting people enrolled in HUSKY, ensuring the legal rights of enrollees are preserved and knowledgeable about the federal -- how the federal laws and state laws interact to create the programs we call HUSKY. As such, we strongly recommend -- represent -- recommend representation from nonprofit legal organizations engaged in directly to representations of low-income Medicaid enrollees.

We also caution that any program implemented should not result in less quality and cost efficiency for current HUSKY residents. Thus, we would add as an additional area study in Sub-Section E, Quote 10, the impact of HUSKY for all single payer universal health care program on existing Medicaid enrollees, including but not exclusively, access to care provider networks, and other quality measures. Thank you for testifying. Let me know if you have any questions.

SENATOR MOORE (22ND): Thank you for your testimony.

ALISON WEIR: Thank you very much. Have a great afternoon.

SENATOR MOORE (22ND): I don't see any questions for you, Alison, but thank you. Next up is Joelle Fishman. And I'll be handing this over to my Vice Chair Matt Lesser. After Joelle. Thank you. Joelle, are you here?

HEATHER FERGUSON-HULL: Senator Moore, I don't think he's here. I think the next person present is Gavin Curran.

SENATOR MOORE (22ND): Is Gavin here?

GAVIN CURRAN: Yes I am. Can you hear me?

SENATOR MOORE (22ND): Thank you.

GAVIN CURRAN: I'm actually driving right now. So I'm sorry there's no video. I want to testify today in favor of S.B. 290. I believe health care is a human right. And with that, Connecticut should expand health care to all citizens, or all people regardless of income. And I'll give testimony short. Basically, I want to see it enacted in a state. I'm definitely in favor of setting the policy first. Thank you. No question.

SENATOR LESSER (9TH): Thank you. Thank you, Gavin. Are there comments or questions from Members of the Committee? Comments or questions? If not, thank you very much for your testimony. Please drive safe.

GAVIN CURRAN: Oh, Thank you very much. Bye.

SENATOR LESSER (9TH): All right. Take -- and next up, we have Taylor Biniarz.

TAYLOR BINIARZ: Hello, can you hear me?

SENATOR LESSER (9TH): We sure can.

TAYLOR BINIARZ: Yes. Dear Senator Moore, Representative Abercrombie, and Members of the Human Services Committee. My name is Taylor Biniarz. I'm from Arlington, Connecticut, and I support Senate Bill 1090, AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL Single Payer Universal Health Care Program.

A single payer universal health care system would make health care equitable, dependable and affordable. Our country is horrendous when it comes to healthcare. I am turning 25 this June, and I am paralyzed by insomnia most nights thinking about what happens next year when I turn 26.

I work in this field actually politics but with no degree, it's mostly seasonal, which I'm okay with, but it's not like those jobs come with benefits. I want to briefly mention a few things that have impacted me. I've sprained my ankle three times in one night. And the doctor said it actually would have been better if I had broken it. But I waited until the morning to go to an urgent care as my copay for that is far cheaper than going to an E.R. even though I was in a lot of pain.

Over a month ago now. My dad who is you know me for more than 10 minutes you know, he is my best friend. He had a Heart attack. Thankfully, due to quick medical care, he's doing fine. But the second thought after making sure he was okay was about money, and the cost. And while it shouldn't matter, he has a very decent job.

Thirdly, I breathe through my mouth, I haven't been able to breathe through my nose since I was six years old. That doesn't seem important, but it makes me more vulnerable to cavities, which I cannot afford. And I don't expect my parents to always pay for my copay. So I stopped going to my dentist three years ago. When I can actually afford to go again, they will probably be root canals.

Lastly, I have been depressed since I was 11, and therapy since 15, on medication since 17. I've dealt with anxiety, cutting other forms of self-harm, and my therapist has, basically, saved my life. My therapy has gone back to once a week, which is a $25 dollars per copay. That's $100 dollars a month, and $1,200 dollars a year. It may not sound like a lot to some of you. But to me, it

is everything. And the root of my fear for next year is if I can survive without it if I have to.

Basically every other civilized country does this. And there's no excuse beyond capitalism and greed for why we do not. I know that there are lots of facts that others may testify with. But this is my life. And one life is worth more than all the profit. I am ashamed that our country hasn't realized this yet. I hope you pass the study, though. Thank you.

SENATOR LESSER (9TH): Thank you, Taylor. And thank you for having the strength to tell your story. I know his story that we've heard from you. But I think we're going to hear similar stories from other people here today about why health care is so important.

Just speaking personally, you know, I've gone through medical issues in my past, and I've been very lucky because healthcare is hard enough without having to worry about how to pay for it. And there's a lot we've got to figure out. So thank you for telling your story. Other comments or questions from the Members of the Committee? Yes, Representative Hughes.

REP. HUGHES (135TH): Thank you. Thank you, Taylor, so much brief testimony. I wanted to know if you had some ideas in terms of this study that, of course, we're looking at a HUSKY for all that covers vision, dental, hearing, behavioral health, physical health and long term care. Do you think that from your experience in outreach and activism that we have the political and public will to seriously look at this now?

TAYLOR BINIARZ: I definitely think that we do and thank you for your question. I definitely think that we do, I think even before this pandemic, that if you look the, you know, Medicare for all, or single payer health care system, the popularity has

been rising for that every single year, it gets more and more popular. And it was especially talked about in the 2016 presidential election. And then it seems like every candidate was talking about it in the 2020 presidential primary, when only one was talking about it 2016.

So we're seeing it become more popular, more candidates are being on board with it. And I think especially now that there's been a pandemic, and you know, nationally, internationally, this is the time to do this. This is the time where it makes the most sense to really try to get this done.

REP. HUGHES (135TH): And hank you. That -- that's all I had, Senator, sir. Thank you.

SENATOR LESSER (9TH): Other comments or questions from members of the Committee? If not, thank you for your testimony.

TAYLOR BINIARZ: Thank you.

SENATOR LESSER (9TH): Next up, I don't think Pearl Granat is on the line. Is pearl with us? How about Cynthia Tun, Kathy Flaherty, Deb Cohen? I believe we have Holly Hackett, and Holly Hackett will be followed by Claudette Kidd, unless some of our previous speakers come in. Holly, you're up.

HOLLY HACKETT: Okay. Thank you, Senator Lesser, Senator Lesser, Senator Moore, Representative Abercrombie and Distinguished Members of the Human Services Committee. My name is Holly Hackett and I live in East Haven. I am a community advocate for Mothers and Others for Justice and Health, which is helping everyone achieve lifelong-trusted health care, Medicare for all Connecticut, and I am a community liaison with the enrich lab at the Yale School of Public Health. I stand in support of S.B. 1090, AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL SINGLE PAYER UNIVERSAL HEALTH CARE program. It is imperative that the Committee and

human services vote this Senate Bill out of Committee joint favorable, so the Bills can progress to the next stages of the legislative process.

I will tell you, my stories. It's more important to me you have all the data, you have my written testimony. My mom had a brain tumor. It was the size of a softball. It was removed a few years back. She's still currently has an aneurysm. And she was supposed to get MRIs done every three months. Per United Healthcare Advantage Plan tonight approval for that, her doctor changed the orders, then for every six months, still denied. Finally, her one-year MRIs were approved. And in my opinion, this is not just absolutely immoral, it is criminal.

I did call the office of the healthcare advocate to try to help out the situation, but my mom would not let me go any further. But yet, when she told her surgeon's office that I reached out to OHA on her behalf. She never got denied. Again, I just thought it was a little odd. And my case, when I was determined eligible for Social Security disability, I had to wait 24 months for Medicare coverage. And in that timeframe, I did not have any insurance because my income was too high due to the lump sum payment from Social Security. It is a ludicrous way of calculating salary, and completely unfair to leave an extremely vulnerable person with major health issues and no health coverage for two years. That's unacceptable and should never ever have been in need to change.

I lived in elderly disabled housing and I helped a lot of my neighbors who were being completely preyed upon by insurance people to purchase Medigap insurance when they never needed it, because they all qualify for Medicare Savings Program. So, it was just horrendous, and it happens all the time with the elderly and the disabled and that needs to stop. If a single payer universal health care program is put in place in Connecticut, we would not

have to worry about predatory for-profit insurance companies going after our most vulnerable populations such as the elderly and disabled, we would never -- we wouldn't also never again have to worry about maintaining our employment to keep our medical insurance.

We, in Connecticut, have some top notch in health care facilities and medical school programs. Yet we have some of the worst outcomes than any other industrialized nation. Our current system is broken, and the federal government cannot fix it, we here in Connecticut must. Instead of being the insurance capital of the world, we should be the health care capital of the world. We have the nurses, doctors, trained support staff, mental health experts, hospitals and universities. We just have to dismantle the broken out of state usually racist they get as misogynistic for-profit healthcare system and have a new way of doing things where everyone is truly create treated equally.

HEATHER FERGUSON-HULL: Excuse me. Excuse me; your three minutes are up. Please summarize.

HOLLY HACKETTL: I'm ready. I am right now. I appreciate your time and consideration. Hope you vote joint favorable on S.B. 1090. So that Connecticut can become a shining star of the health care world and the health and our population will be the healthiest, most productive with a bustling economy. Thank you so much.

SENATOR LESSER (9TH): Thank you. Thank you, Holly. Other comments or questions from members of the Committee? Representative Hughes?

REP. HUGHES (135TH): Thank you, Mr. Chair, tell us how you really feel, Holly.

HOLLY HACKETT: [laughter]

REP. HUGHES (135TH): Would you say something around? I know, you have looked into the economic analysis and the cost savings? Would you say something about what you hope this study independently verifies?

HOLLY HACKETT: According to Professor Rodberg, it would save $1.475 billion dollars for Connecticut, and that's 2.9% of the annual budget. And that was done based on calculations from Professor I keep getting their names mixed up. And that's in my written testimony. My apologies. I'm trying to search for it now. I apologize, Rep. Hughes.

REP. HUGHES (135TH): No, that's okay. I wanted to pivot to the economic analysis portion, which is so critical to study, you know, making good policy going forward. We have the vision, but can we get -- can we get you know, economic data to make the vision real?

HOLLY HACKETT: Absolutely. It's absolutely 100% possible. And there has been an economic study done based on the professor who is known very well to do economic impact study. Dr. Professor Friedman, please, I apologize, Rep. Hughes, I did have it right in front of you. And I am now nervous and flipping through everything.

REP. HUGHES (135TH): Okay, that's it.

HOLLY HACKETT: Okay. Professor Gerald Freedberg is the professor who is known for the studies. And Professor -- so $1.475 billion dollars, 2.9% of our annual budget, my apologies, Rep. Hughes.

REP. HUGHES (135TH): Great. Thank you. Yeah. And that's -- I know, I think I saw that in your testimony.

HOLLY HACKETT: Okay. Yeah. Again, my apologies.

REP. HUGHES (135TH): No, no, that's great. That's great. I don't have any other questions, sir.

SENATOR LESSER (9TH): Thank you, Representative. Representative Arora.

REP. ARORA (151ST): Thank you, Mr. Chairman. And thank you, Holly, for your -- for being here. I have a couple of questions. One, I wanted to really ask you about your specific experience with the system that when you were making more money, they wouldn't cover you. And I'm assuming Medicaid or HUSKY even cover you? Is that right? Right. When you go above a certain income. And --

HOLLY HACKETT: Well -- go ahead, I'm sorry, Rep. Arora. What happened was, when you finally get approved for social security disability, you are given a one lump sum payment. So that's for all the years that you had no income coming in, because you weren't working because you were disabled. But the process takes so many years, in order to get approved, that you have no income coming in. So, when you are finally approved, you get a lump sum payment for all your prior years of back pay. So that's when --

REP. ARORA (151ST): Or during that two years when you were not when you were making too much money that you wouldn't be approved, you said. You said --

HOLLY HACKETT: No.

REP. ARORA (151ST): You were not covered by Medicaid HUSKY because you were making too much money.

HOLLY HACKETT: No, when I got -- when I did -- when I was approved, as soon as I was approved for Social Security Disability, you get a lump sum payment paid to you. So as soon as that payment hit, you have a 24-month waiting period for so -- for Medicare to

click -- to kick in. But you also are not eligible for Medicaid, because of your lump sum payment from Social Security Disability.

REP. ARORA (151ST): But during that time, does the ACA program available to you?

HOLLY HACKETT: Oh, yeah, sure, if you want to pay $500 dollars a month, because of your determination of your lump sum payment, and you want to pay a huge deductible, sure. It was less expensive for me to pay out of pocket for and to cut down on medications and to cut back on my doctor's appointments than it would have been for me to go on the ACA with horrifically and horrendously expensive.

REP. ARORA (151ST): So, one of the things you would view with testify is that the ACA is a broken programs and is really a failed system. And as a result, we need some other solution, which we should study, the ACA, which basically was put forward as a be all end all is a total failure. Would you agree with me?

HOLLY HACKETT: I don't think I would say that it was a total failure. But I am not an expert. I'm just saying what happened to me. I cannot speak for everyone, but I'm speaking for myself. So, I would not say that as part of that.

REP. ARORA (151ST): It did not work for you.

HOLLY HACKETT: Correct. It did not work for me in my situation.

REP. ARORA (151ST): Because --

HOLLY HACKETT: Correct.

REP. ARORA (151ST): Because -- and I just want to understand this well, that it was $500 dollars a month, which is $6,000 dollars a year of premiums, you know, and I think it is about 5% of your income

at that -- at that point or something like that limited to 7%. And your point, boy, well, the HUSKY program is so much better because you have zero premiums. And you know, just because you're making a little more, you shouldn't be able -- you shouldn't be forced to pay 5%, which is about $500 dollars a month and that's just unreasonable and we should study a different system.

HOLLY HACKETT: I believe so. But I think what you're failing to understand there, it might be a miscommunication, Rep. Arora, is the fact that it it is not my income -- my monthly income that I have.

REP. ARORA (151ST): One time income.

HOLLY HACKETT: Yes, that one time. Yes, yes. Yes. Okay, please. I didn't want to misrepresent anything or any part of my testimony.

REP. ARORA (151ST): No, no, no, I'm not saying that. I'm not saying.

HOLLY HACKETT: Okay, yeah.

REP. ARORA (151ST): You know, I'm really learning here because this is --

HOLLY HACKETT: Okay.

REP. ARORA (151ST): This is -- and just to learn. And so --

HOLLY HACKETT: Yeah.

REP. ARORA (151ST): You know, one of the real questions we normally have with with with the ACA and really, you know, we're looking for you know, from both sides of the aisles perhaps and more from my my side of the aisle, we really do believe that the ACA has done was really a big damage. And it has really taken the middle class out of. And when I really pointed out this, which really, thankfully

you pointed out that when you get to make a little bit of money. And in your case, one time, the ACA just destroys you because suddenly --

HOLLY HACKETT: Yeah.

REP. ARORA (151ST): You pay $7,000 dollars, $10,000 dollars in premiums.

HOLLY HACKETT: And I don't believe it -- there's -- the problem is, is that it's the for-profit insurance companies that are ruining it. It has nothing to do with the meaning that the ACA was set forth to do. It has to do with the for-profit insurance companies. That is, it. It's not the meaning behind it. It's the people who deliver it, meaning the for-profit insurance companies.

REP. ARORA (151ST): And so, are you only implying that this -- does -- for for profit insurance companies or even the for -- the other hospitals, for profit doctors' offices, for profit hospitals should also be -- what about for-profit surgeons offices, they are all also pretty bad people.

HOLLY HACKETT: And I'm saying to you, it is my opinion that our health care coverage should not be bought and sold and traded on the market. That is not what I want from my health care. Nobody should ever put a price on my life and my health. And it should never happen. Period.

REP. ARORA (151ST): No, I really do appreciate your input, because we need different points of view. Because, you know, some would say that similarly, food and shelter are extremely important. And they should also --

HOLLY HACKETT: Absolutely.

REP. ARORA (151ST): Be taken over by the government and provided by the government, perhaps would you care to comment if you'd like?

HOLLY HACKETT: No, that is not part of my testimony today. You can contact me at any time you'd like to discuss that at a later date. But that is not part of my testimony today, Representative Arora.

REP. ARORA (151ST): Okay, that's it. That's good. I thank you for your time. You know, this really helps us understand, you know, a point of view, which you bring to the table. Thank you, Matt. And thank you, Holly. And thank you, Mr. Chairman.

HOLLY HACKETT: You're very welcome, Rep. Arora.

SENATOR LESSER (9TH): Thank you. Thank you, Holly. Thank you, Representative. Are there questions from Members of the Committee? If not, thank you for your testimony. Thank you so much, Ms. Hackett.

HOLLY HACKETT: Thank you so much. Have a great day.

SENATOR LESSER (9TH): You too. But next up we have I believe Claudette Kidd.

CLAUDETTE KIDD: Yes.

SENATOR LESSER (9TH): Followed by Camryn. Good afternoon.

CLAUDETTE KIDD: Good afternoon, Senator Moore, I'm sorry.

SENATOR LESSER (9TH): I'm not Senator Moore. But that's okay. She's the Chair of the Committee. I just work for her.

CLAUDETTE KIDD: Okay. All right. I'm sorry for interrupting. Let me wait and I can go.

SENATOR LESSER (9TH): No, go right ahead.

CLAUDETTE KIDD: Okay, good afternoon, Senator Moore, Representative Ambercrombie, and Members of the Human Service Committee. My name is Claudette Kidd, and I reside in New Haven, Connecticut. I stand in support of S.B. 1090, AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL SINGLE PAYER UNIVERSAL HEALTH CARE PROGRAM.

In that system, it takes responsibility for financing health care for all -- sorry for financing health care for all residents. That is everyone has health insurance under one health insurance plan and has -- and has access to necessary services including doctors, hospitals, long term care, prescription drugs, dental and vision care. Individuals may choose where they go to receive their care. This Bill will create a commission to study the potential for a single payer system in Connecticut. Therefore, it is very important this -- it is very important first steps towards charting a path to a statewide single payer health plan in Connecticut.

In this current system, I feel imprisoned and not in control of what physician I can see who can help me with my ailments and recommend treatment that actually works instead of me chasing my tail trying to get well and and lower that my problems with pain management. Therefore, this causes more stress, high blood pressure possible PTSD, or not attending my appointments at all, leaving no trust in the current system. The cost of medical care would go down significantly. If we go down significantly, it was financed by taxation and not by premiums. Roughly one-third of healthcare dollars spent in the U.S. goes towards administrative costs rather than on actual health care.

Single payer makes fiscal sense if we are to implement the taxation process for people and employers to pay into just as they do currently for for profit commercial insurance plans. As my fellow friend said, Holly Hackett, it would save the State

Connecticut -- the state of Connecticut approximately 2.9 net savings, and that is a savings of $1.475 billion dollars, and this is According to Professor Rodberg.

It would establish a true free market system turning the tables around to where doctors now compete for patients rather than health insurance companies dictating the patients, which patients are able to see which doctors and sets -- and set in reimbursement rates. It would also prevent insurance from maxing out your insurance and you're out and you ail -- and your ailments have not improved at all.

For example, having few or no teeth left, because rather than help save a tooth or teeth, the dentist would drive and pull them out, or offer services that cost way over $1,000 dollars or more, which most of us cannot afford. Meanwhile, we're struggling with housing stability -- instability, food insecurity, and can barely pay rent and utilities. They need to take a walk in our shoes. For our New Haven, I see many people who have missing teeth too. And I say to myself, there goes a possible person who the system has failed which is why --

HEATHER FERGUSON-HULL: Excuse me. Excuse me, ma'am. Your three minutes are up. Can you please summarize? Thank you.

CLAUDETTE KIDD: Yes, I shall well. Guaranteed equitable coverage for all is what we need, including dental vision, etc. Healthcare is a human right, we need Medicare for all, including -- and included for undocumented immigrants. We need S.B. 1090. Thank you.

SENATOR LESSER (9TH): Thank you, Ms. Kidd. Thank you for your testimony this afternoon and appreciate you being here. Yes, Representative Dathan do you have a question for Claudette.

REP. DATHAN (142ND): Thank you, Chairman Lesser. Hello, Claudette. Thank you so much for your testimony today. I'm guessing from your accent you are from England?

CLAUDETTE KIDD: Yes, I am.

REP. DATHAN (142ND): Okay, so I spent a quarter of my life in the U.K. And I certainly loved the NHS, it worked really well for me. And I was hoping that maybe you could speak about some of your experiences with the NHS. I know it's not a perfect system. But you know, you talk about a single payer option in the US which I'm I'm not 100% supporting. But I really think the NHS worked with U.K. Can you describe maybe a couple instances where it's worked for you and your experiences?

CLAUDETTE KIDD: I feel that a few decades ago, the NHS system worked very well, because you could select what doctor you see, it didn't matter what area you lived in. And it was more of an open-door policy. And currently, the NHS system is sort of like the tide your hands because like you can only see the doctors in your area within your postcode, you cannot go outside your postcode, you have to call him for an appointment, which sometimes you have to call him within 15 minutes, I believe, to make an appointment. And during that time, a lot of the appointments are taken, and you're missing out on an appointment. So, it's a calling system.

And then this will enable this makes people having to wait days upon days to get an appointment because of this calling system. You're allowed 10 minutes with your physician before they put you out. So, it's not a system where you can talk freely. And there's a bit of care and a bit of compassion. The doctor may barely look you in your eyes when he's talking to you. You know, and it's not a good relationship. But in the past, I feel that it did work. It was doing really, really well and changing

governments change the medical system. The NHS in Canada seems to work a lot better than in the U.K. So, I would look at the NHS system in Canada.

REP. DATHAN (142ND): I guess it was what the change in government when it became a Tory government is when it kind of fell to them because I gave birth to kids --

CLAUDETTE KIDD: Yes.

REP. DATHAN (142ND): Under the Labor, New Labor, Tony Blair government and it was completely different. And even in as the government changed over to other labor members, it seemed to be going really well. But I've been in the U.S. for about 15 years now. It's changed. It sounds like quite a bit. But thank you for that.

And I do think for me, I think having a -- having options and choices for people -- so people can choose whether they stay under their own health care coverage, whether it's through one of the providers in our state or and others or have a public option. And a HUSKY expansion is what I'm really focusing on individually because you pointed out, rightly, in your testimony, having that access to health care, the preventative care is so important because the preventative care actually saves money. And in my experience in the U.K. --

CLAUDETTE KIDD: Yes.

REP. DATHAN (142ND): I had excellent preventative care I did when I first arrived in the U.K. in the early 90s. It was -- I had my own private insurance. But then I ended up switching over to the NHS because I got such -- so much better service.

CLAUDETTE KIDD: Good services.

REP. DATHAN (142ND): Yeah, and -- but I appreciate your testimony. And I think it gives some insight for someone who's seen both types of medical systems and actions to to be able to understand that. So, thank you so much for coming out today. And have a good afternoon. Thank you, Mr. Chairman.

CLAUDETTE KIDD: Thank you. And it does help when you have a comparison of two totally different medical systems, because then you can actually see with a broader angle exactly how the systems work, or they don't work.

REP. DATHAN (142ND): Quite right.

CLAUDETTE KIDD: Thank you very much.

SENATOR LESSER (9TH): Thank you, Representative. Representative Hughes.

REP. HUGHES (135TH): No, thank you, Mr. Chair, and thank you, Claudette, for your testimony. There are two things that you said that I just wanted to follow up on. You said something about restoring credibility or credibility of the -- our health care system, and Representative Nathan touched on the preventative care, especially since now we have so much insurance, denial and anxiety over, you know, the costs.

What -- so we're looking at 3.5 million people in this state of Connecticut, so we're looking like a little community, you know, that everybody in that postal coverage is -- would be -- was looking at studying it, like what the -- what the -- what the real -- what it would really take and also, you know, what would that -- this little free market system look like within, you know, within our state and our 3.5 million people.

Did -- in your experience, do you think there would be people that would go ahead and opt for a platinum, you know, like a really gold standard plan

on top of -- to cover what the preventive care, the basic care, the -- you know, people who can afford to might purchase an additional plan, sort of like a Medicare Advantage plan or something? Do you think that's -- yeah.

CLAUDETTE KIDD: Most definitely, if you can afford to.

REP. HUGHES (135TH): Right.

CLAUDETTE KIDD: You know, that would more -- and likely be the middle-class people and up. But as for working people, as myself, we would be happy with just the plan as it is. Hopefully, we don't know yet. Because we haven't seen what it actually looks like. It hasn't piloted, but they'll have some past. So that's something that we hope for.

REP. HUGHES (135TH): But in your experience back in the U.K., did people purchase, you know, additional, you know, additional coverage? If they could afford it?

CLAUDETTE KIDD: I know -- yeah, I know, for a fact that my sister did. And in that instance, where she did, she needed surgery. And what had happened was she used her private insurance on top of the NHS insurance to get the date moves forward. And in that instance, it works really well for her.

REP. HUGHES (135TH): Great, thank you. Thank you. That's all Mr. Chair.

CLAUDETTE KIDD: Very much.

SENATOR LESSER (9TH): Thank you, Representative Hughes. Representative Arora.

REP. ARORA (151ST): Thank you, Mr. Chair. And thank you for that. I really appreciate you being here because you bring what very few people here bring to the table, which is having seen both two

systems side by side. And as you said, you know, it started out really well about 20 years ago. And then there were some problems with the other system or a socialized system or a communist system out there. A socialized system sorry, right? I shouldn't use the word communist -- as socialized system. My question to you is do you have experience with the HUSKY program here as well as the NHS program?

CLAUDETTE KIDD: Yes, I do.

REP. ARORA (151ST): So, the HUSKY works very well. You know, I didn't know you had used us -- you had subscribed to HUSKY or to ACA program because you know, many of us here use either employer paid or ACA program as well. Now, this is the question because my -- I just give a very quick experience I had with NHS.

My aunt who lived there was denied a heart pacemaker because she was 72. She ended up developing a very serious condition and had a reallys really, really poor, what you call outcome of it, which took four years because they would say that after a point in time, she was not eligible to get a pacemaker replaced because she was 72 or 73.

So, you know, so I'm very opposed to NHS after that experience. I told her, I -- please come over here, please come come to the U.S. And you can -- and she could -- she could afford it, but she was part of the NHS system. So, my question here is the the -- could you see that that deterioration of services could happen to the current HUSKY population if we added everybody? Would you worry about that?

Because that's what happened in U.K. That's what happened. And actually, Canada is pretty bad these days as well. You know, just like what you said, you don't get enough time. Do you think that's a possibility?

CLAUDETTE KIDD: How long ago was it when you're on was denied the surgery?

REP. ARORA (151ST): It's about six or seven years ago?

CLAUDETTE KIDD: Yeah. Yeah, that's that's when this is -- it was kind of -- is still it was bad then. And it's even worse now. I think that was because of a change in government. And --

REP. ARORA (151ST): It was Blair. It was Blair at that time. I think was with Blair. And I think the NHS, I'll -- I think these programs, let's just keep the politics out. You know, the question, which I have for you, really, is that you've seen a system deteriorate, right, and we have a HUSKY program, which is working pretty good. Would you not -- I just worry. And I just want to share, if you would worry about it, you have a HUSKY program, which is working good. You have seen other systems which start good, and then just crash and burn.

And so, let's just keep something which is working the way it is, rather than expand it to the entire universe, including one of our other units, you know, person had suggested that even for older people, which is, basically, Medicare, which is another program, our seniors love, our seniors love Medicare. Right? And I think to take away Medicare is again, not a good idea. So, I'm asking my question, really is that as a HUSKY user, don't you worry that you're going to expand HUSKY and see it go the NHS way?

CLAUDETTE KIDD: It can't be any worse for me than it is now. Right now, I need then -- I need to go to the dentist. And when I go to the dentist, rather than fix my teeth, they pulled it. They want to put another three and I totally deny. I'm in the process of saving up money to pay for my -- for the betterment of my teeth, rather than to pull it. I said in my statement, I think, or I didn't get there

though, "If you take a walk around New Haven, you will see many many, many people with missing teeth." And this is because they can't afford to get either a bridge or an implantment or anything like that. So -- and then even sometimes to have a cavity done, you can't get that done. So rather than some dentists do preventative work, and or build up on your tooth, so that is a lot better, they'll pull it. And then give you -- and then give you --

REP. ARORA (151ST): Oh, so you're saying the HUSKY program is also --

CLAUDETTE KIDD: Dentures that doesn't fit right that they're too tight or too loose, or they're causing bruising on your gums and don't do anything to fix it.

REP. ARORA (151ST): So, Claudette, I really would -- there want to -- maybe I got the -- understood you wrong. I thought you said you were -- you are availing of the --of the HUSKY program. So, you think the HUSKY program is really bad shape even now already? Is that what you were saying that it doesn't cover?

CLAUDETTE KIDD: It depends. It depends. Like, for instance, like I said, with my teeth, I can afford over $1,000 dollars to get my teeth fixed. And if it was one where I could maybe pick where I go for a dental treatment, maybe they may put me on a plan that may work for me that I think keep my smile. Where right now in the --

REP. ARORA (151ST): Yeah, I believe, yeah, I would -- no, we want you --

CLAUDETTE KIDD: It doesn't work for me. It doesn't work.

REP. ARORA (151ST): Yeah. So, what you're -- you know, as, finally, what you're trying to really say -- I think this is a really important point you're

making. I really appreciate you doing so is that the HUSKY program needs to be improved, because the current HUSKY is pretty -- is pretty bad as well in your mind. And you know, we need to work on here as a -- you are asking us as a -- as a -- as your legislator to work -- to improve the HUSKY program. So, it's a little better, let alone, you know, just diluting it further. Would that be correct statement?

CLAUDETTE KIDD: We need to improve -- we need to improve medical for all periods. You know, like we don't have much choice is much saying what happens with our medical. I can go to a doctor and complain about my back. And unless he sees me in tears crying, he's not going to do nothing.

REP. ARORA (151ST): Yeah, yeah, no, because we have -- the way we think about it is you have HUSKY for those who -- for one -- for certain people making certain thresholds, then you have ACA or the Obamacare if you're making above a certain threshold, and then if you're older, we have Medicaid -- or, sorry, Medicare. So that's the trifecta -- our programs we have -- HUSKY Obamacare, or ACA, and then Medicare, and each one has its positives and negatives.

But, you know, I'm glad -- I'm glad to have your point of view that, you know, at least from a HUSKY is pretty broken, well, that's what you're saying. We hear good things about HUSKY quite often as well. But I appreciate your input. Thank you very much for taking this time.

CLAUDETTE KIDD: There's good and bad. There's good and bad matter how you look at it. Thank you.

REP. ARORA (151ST): Yes. No, I appreciate your input. You know, this is -- a lot of things in life, you know, we always have to try improving. So, thank you. Thank you, Mr. Chair --

CLAUDETTE KIDD: Thank you.

REP. ARORA (151ST): For giving me the time. Thank you.

SENATOR LESSER (9TH): All right. Thank you, Representative for your comments. And Claudette, thank you for sharing your story. And just -- and for your story and your perspective as well comparing different systems in different countries. And I agree with the point that you made earlier that it's important for us to to break out of a shell and see other systems of delivering quality care. So, thank you for being here today.

CLAUDETTE KIDD: Thank you. Next up we have Camryn Kessler, followed by Matthew Meizlish.

CAMRYN KESSLER: Can you hear me?

SENATOR LESSER (9TH): We can.

CAMRYN KESSLER: Awesome. Good afternoon Esteemed Members of Committee. My name is Camryn Kessler. I live in Hartford. I'm a Masters of Social Work student here in Hartford at UConn School of Social Work. I'm a social work intern at Connecticut Citizen Action Group and I'm also a children's librarian. I speak on behalf of myself and CCAG today in full support of S.B. 1090.

First, I want to tell you about my own insurance experience. Some of you may have actually heard this story when I testified on behalf of S.B. 842. But I'll tell you anyway. I received my health insurance through my parents, well, I'm lucky to be on their insurance. Obviously, it doesn't provide me with adequate health care. My family's deductible is $5,000 dollars per person. So that's $15,000 dollars a year for all three of us to be covered.

I don't have ongoing health problems, which means I don't normally meet this deductible. So when big things happen, it happens all at once. So in June of 2020, I had a routine but emergency surgery, I had to get my appendix removed. Even though I have insurance, I had to pay $5,000 dollars out of pocket all at once for this surgery. I only work part time because I'm also a full time graduate student and I just finished paying these expenses off almost a full year later.

And due to this low quality health insurance, I tend to avoid seeking out health care, unless it's an emergency like my appendix last June, and many others in the state are in the same situation as me. And during a global health crisis like this, it can't be the case. This is going to keep happening for a long time. And when people don't seek out health care when they need it, the consequences are life and death. HUSKY for all would literally save lives.

Secondly, I also want to point out that in 1992, the public health Committee chaired at the time by Congressman Joe Courtney, commissioned Lewin, an independent corporate consulting firm to develop a plan for Connecticut anticipating that Bill Clinton would pass health care reform to help -- that health care reform was nicknamed Hillary click -- Hillarycare, excuse me. Obviously, it didn't pass but the study concluded that if Connecticut were to adopt single payer healthcare, the state would save $7.7 billion dollars over the course of 10 years, and that was in 1990.

So we're experiencing a public health crisis, unlike anything we've seen in the past century, and maybe longer. Now, more than ever, we need to ensure adequate health care for all of Connecticut, not just those who can afford it. And not only that switching to single payer health care system has already been shown to make economic sense in this

state. This avenue needs to be explored again, and we need to start now. Thank you for your time.

SENATOR LESSER (9TH): Thank you, Camryn. And you're right. Some of us do double duty on a couple of different Committees. But it's good to see you again. And thank you for sharing your story. Are there comments or questions from members of the Committee? Yes, Representative Hughes.

REP. HUGHES (135TH): Thank you so much, Camryn, for your testimony. And I have heard these catastrophic stories before. And just to sort of piggyback on our last -- our last testifier, you know, one of the things that the Connecticut tries to do is expand what's covered under HUSKY. So I don't know if you've been on HUSKY or know of anybody. But like children's dental, we do pretty well with preventative care. We don't do well with covering even if you do qualify for HUSKY, like some of the things that we're talking about with, you know, the root canals and the cavities of them, and the more you know, serious things that can turn into infections and be catastrophic.

And that's why it's so important that even in 1990, if we looked at what it would cost to switch to a single payer, which is really eliminating so much of the administrative costs, that middle for profit thing that we talked about, but also just covering the services, just that -- you know, a rate of reimbursing basic services, how long do you think it would take for our population, especially young people like yourself, to just start catching up on using preventative care and routine care and preventative care? How long do you think that would take if you were suddenly covered by a, you know, like a robust HUSKY for all, which is why I keep saying it's got to cover dental, vision, hearing, behavioral and physical health as well as long term care.

CAMRYN KESSLER: I mean, I think this would be a cultural shift. My whole generation, we're just under this idea that we can't afford health care. I don't know anyone that goes to the dentist twice a year, it's like almost laughable to think that you would go two times a year just just for preventative care.

REP. HUGHES (135TH): Wow.

CAMRYN KESSLER: I don't know anyone with a GP? It would -- I mean, it would change --

REP. HUGHES (135TH): Wow.

CAMRYN KESSLER: Our society forever if we had this kind of system.

REP. HUGHES (135TH): So you're basically have a generation that just avoids contact with the medical healthcare provider care.

CAMRYN KESSLER: Absolutely. I mean, I even think, you know, you hear these things. It's like, if it's an emergency, don't call an ambulance, if it's an emergency, like, call someone who can drive you to the ER, because we can't afford ambulances. So I -- this I mean, this would change everything.

REP. HUGHES (135TH): Wow. Thank you. That's very powerful. Thank you for your testimony.

CAMRYN KESSLER: Thank you.

SENATOR LESSER (9TH): Representative Arora.

REP. ARORA (151ST): Thank you, Mr. Chair. Thank you, Camryn, for being here and for providing your point of view. My question for you is that did you -- you know, did you explore taking advantage of ACA or, you know, also known as Obamacare? You know, when you -- when you became -- you know, when you went to graduate school? Because technically

Obamacare does or ACA, you know, I'll refer to it as ACA, but many people do not really, you know, like referring it to Obamacare, I like ACA more, you know, if you really explore that?

CAMRYN KESSLER: So I don't really knew -- I didn't know why I should explore. I mean, I have health insurance, right? I'm insured via my parents. I can afford the copays, I mean not the copays the premiums, but then I can't -- I can't afford the health insurance that it provides for me. I've actually been exploring applying for HUSKY, because I am actually eligible. However, I do not want this to be a dig at HUSKY because I think HUSKY is a very good system. I think it just needs to have more funding and more attention paid to it. But I tried to apply this week for HUSKY and the website is currently down. So I would like more money put into HUSKY so more people can be able to get this kind Health care.

REP. ARORA (151ST): So what you're saying is that you, you know, the reason I asked you is because $5,000 dollars deductible is not a reasonable deductible for anyone, right, for anyone. So I feel very badly that you were -- that anyone you know, and your restaining example had a $5,000 dollars exemp -- deductible, it's different if you said $500 dollars deductible $1,000 dollars deductible of $5,000 dollars digits out there.

So my question is that most of the -- in the case of ACA, you know, you would -- you would qualify, because the ACA really makes your premium dependent upon your income. So if your income is X, it will be especially right above, as a graduate student, you know, until unless you are a, you know, Yale Law School graduate student, I don't know how everywhere you go, you know, your income would be such that you would pay one or 2% or 3% of your income, which would be few $200 dollars of premium.

So my question really is that, you know, the -- one thing we have to insure is irrespective of how good programs we have, if we cannot communicate, and have everyone take advantage of those, right, then the programs are not good. And secondly, you know, I -- that's the reason I asked you because that predicament that you had was a tough one it was hard to hear. But you know, I do want to point out to you that there are programs out there already, ACA in this case, HUSKY if you're eligible for, that's another one, which would provide those.

Now secondly, I want to ask you a little bit about what you have heard about a HUSKY because you know, we've spent a lot of time and we spent a lot of time discussing various elements about HUSKY and, you know, you just mentioned that HUSKY needs some improvement. Do you have any more thoughts on that?

CAMRYN KESSLER: I would like to talk first about what I've heard about HUSKY. As mentioned, I'm 24 I know a lot of people on HUSKY my generation. Most of the people I know on HUSKY, absolutely love it. My roommate was on HUSKY, and she was able to get two surgeries completely free to remove tumors. I have a friend who broke both of her ankles and got physical rehab for it. Yeah, what is it called? I can't remember.

REP. ARORA (151ST): Okay. Yeah, yeah. PT, Yeah.

CAMRYN KESSLER: Yeah, and they have just loved the kind of health care that they have been receiving on HUSKY. And it's hard not to feel jealous at times, because on my independent insurance that I'm receiving, I'm not getting that kind of health care. It's not the same kind. And that's not okay.

And you're asking if I've looked into other types, I am actively looking into them, but I shouldn't have to. And also my family is not eligible for ACA and not eligible for HUSKY, but they're still having to pay these $5,000 dollars deductibles every year.

And it's -- that's a lot of money even for people who are not eligible for ACA or HUSKY, it's a ton of money. And I don't think anyone in America should have to pay $5,000 dollars deductibles. And I -- you mentioned earlier that why break a system that is already working, I would argue that this system is not already working, the system is pretty broken.

REP. ARORA (151ST): So I would just suggest that the HUSKY system is broken as well, you what you're contending is that the HUSKY system is working. Everybody else -- everything else is broken. And Medicare system is working, perhaps, because you know I hear or seniors say really good things about Medicare. So what you're saying is HUSKY and Medicare are working and everything else is broken? Would that be your contention?

CAMRYN KESSLER: Yes, private insurance is not working.

REP. ARORA (151ST): So private system is broken? And would it be possible that it's working, because it's very limited in scope, that if you really increase the scope of it, that that would break too, because just what we heard about NHS, because we do not live in vacuum, right? What is good for other countries, for example, U.K., Canada, all the -- all the folks try to buy private insurance on top of it, which is more expensive than the basic thing itself. And then in going on to maybe Russian system or the Chinese system, or, perhaps, the Iranian system, you know, those systems are more and more government control system. Do you think that the government control system on health care and, perhaps, maybe later on on on food and shelter would be also a reasonable way?

CAMRYN KESSLER: I mean, I don't know enough about international health care policy to answer that kind of question. I only know what I see in my community. And I see that we are not getting the kind of health care that we need.

REP. ARORA (151ST): Got it. Thank you very much. I really appreciate your input. Thank you, Mr. Chair.

SENATOR LESSER (9TH): Thank you, Representative. Representative, if you have information on the Russian or the Chinese or the Iranian system that you want to share with this Committee, I'm sure the members would be interested in seeing it. Are there other comments or questions for Ms. Kessler from members of the Committee? If not, thank you for sharing your story and I'm glad you're doing better, it's the terrifying story. So thank you for being here. Next up, we have Matthew Meizlish, followed by Daniel Bryant, followed by Karen Siegel.

MATTHEW MEIZLISH: Thank you, Senator Lesser. Thank you to the Committee. I want to -- I'm My name is Matt Meizlish. I'm in my final year of M.D. PhD program at Yale School of Medicine. And I want to start by telling a very brief story.

One of my patients who I've saw regularly in the primary care center had severe heartburn, which of course, is quite common, and developed difficulty swallowing, that for us raises alarms, because it can indicate the development of esophageal cancer, esophageal cancer has a mortality rate of about 80% in five years. The way you prevent that outcome is to detect the cancer early. And the way we do that is with endoscopy. So directly visualize the esophagus to see if there's cancer.

The problem was that this patient didn't have health insurance, he was an electrician, he made a decent income. He wasn't eligible for HUSKY because of his income, and he wasn't able to afford private health insurance. So he opted not to get the endoscopy, it was too expensive. We don't know if he had cancer, the right thing to do would have been tested for it. And if he did have cancer, we almost surely missed our window of opportunity to actually intervene and

save his life. That story, unfortunately, is commonplace. I mean, every physician that you speak to every healthcare provider will tell you stories just like that, because there are so many people who fall through the cracks in our current health care system, and for whom we can't provide the right kind of care. And those are just the patients who actually come to our attention.

So I've been in the MD PhD. program for nine years, which is enough time to have a good sense of a lot of the problems that exist because of the structure of our healthcare system. But I'm beginning residency next year. So I'm early enough in my career, that I feel optimistic. I feel that we can carve out the kind of healthcare system that actually serves our communities, and in which we have my -- me, myself and my colleagues have signed up to participate in. You know, we went into health care, because we believe in serving our communities, not in serving people who can afford health insurance, and not in dictating our care, based on the incentives that are driven by our current health insurance system.

So in that vein of over the last many years are starting in 2009, I've dave been advocating for legislation in Connecticut that would, that would increase access for a number of people who are currently excluded beginning in 2009, with SustiNet which, of course, would have provided a public option, and most recently, this session for S.B. 956 that would extend HUSKY to immigrant communities, which, of course, is in this Human Services Committee.

But I want to make the point today that those are -- basically we're plugging holes, right? Those are holes in the ship. And we are plugging them as fast as we can. And it's critical to do that work, it's critical to plug those holes and to get health insurance and health care access for as many people as possible but --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. Please summarize.

MATTHEW MEIZLISH: Thank you. But in the end, what we need is to think about how to rebuild the ship, how to build it in a way that actually includes all members of our community. And that can allow us to steer our healthcare system in the right direction toward care that's compassionate and humane and lower cost and sensible. And that's what I believe this Bill will allow us to do.

SENATOR LESSER (9TH): Thank you for your testimony. Can I just -- because you've testified on on a number of Bills, and you've been studying these issues, obviously, I hear you articulating a need for universal health coverage, at least, that's what I understand. You --

MATTHEW MEIZLISH: Yeah, I should have specified S.B. 1090 is the Bill that I'm testifying in support of today.

SENATOR LESSER (9TH): No, no, I understand. That's the only -- that's the only Bill on the agenda.

MATTHEW MEIZLISH: That's right.

SENATOR LESSER (9TH): Oops, otherwise, you're in the wrong hearing. But I -- but in terms of the specific goal that you're looking for, it's -- I understand you to be asking us to move forward with universal health coverage. Is that -- is that right?

MATTHEW MEIZLISH: That's right.

SENATOR LESSER (9TH): Okay. So the reason I'm asking is because the specific proposal that I understand this Bill to entertain is a single payer proposal. There are a few countries -- there are different countries around the world that have

gotten to universal coverage through a variety of different packages. Germany, for example, has a multiple payer model, but they have universal coverage. So I don't know, if you -- are you locked into one way to get you open to multiple different sort of avenues to get to the goal of universal coverage?

MATTHEW MEIZLISH: Yeah, I mean, I believe that a single payer system is probably the best approach for a number of reasons, including, you know, the, the economics of, you know, health insurance and increasing the size of the pool and allowing, you know, the distribution of risk that, that comes with that, as well as the ability of the that single payer to create incentives that lower cost, and to make sure that, that there is truly universal access.

But no, I don't actually think that I'm locked in, personally, to a single approach to achieve universal access. I believe that the ideal approach would both create universal access and restructure some of the incentives that are -- in our healthcare system that that drives such high costs.

SENATOR LESSER (9TH): Thank you. We've got a familiar duo here Representive Hughes, followed by Representative Arora.

REP. HUGHES (135TH): Thank you, Matthew, I'm really -- and, thank you, Mr. Chair. I'm really interested in where you feel the medical community has moved, in terms of plugging, you know, from desperately plugging holes, especially in the wake of this pandemic, to quickly constructing another ship. Do you -- have you -- in your 10 years, it's -- since you've been, you know, in this sort of setting, have you seen the public well change from the medical community?

MATTHEW MEIZLISH: Yeah, absolutely. I mean, I think that our generation of healthcare providers is

-- has a very different attitude toward the purpose of our healthcare system and the right approaches to our healthcare system than previous generations did. I think that there's a -- it's a combination of selection for who's going into medicine and also, you know, I don't imagine that representative Arora might ask me about the ACA. And there's a lot to say about the ACA, and I've been quite involved in advocating for it to remain in place in the last few years.

But one of the things that it did was change the standard, right? Before the ACA, we didn't think -- we thought that it was okay for health insurance companies to exclude people based on pre-existing conditions, no one thinks that's okay anymore. The ACA changed what we expect from our health care system to be that everyone would be covered. And the deficiencies in the ACA are it's an ability to do that because it works through a private health insurance system.

And so it is flawed for sure. But I think that even the flaws that we're discussing are evidence of the fact that our expectations of our healthcare system have changed. And, you know, I have been involved in mobilizing medical students and young trainees across the country in support of universal access, you know, through the ACA and through additional means, and I've seen how much momentum there is behind that movement. I think that that is an emerging consensus among the medical community.

REP. HUGHES (135TH): Thank you for that. And to you, Mr. Chair, I think what I'm really hoping is like a hearing from a number of younger, you know, generation people that say they would never eat -- nobody that they know, goes to preventive dental care twice a year, you know, and that is the opposite of my experience at your age, the opposite in terms of maintaining.

But then again, there were -- a lot of my counterparts that went on their entire 20s and the entire 30s, having no coverage, and just hoping that they had no catastrophic. But now since we've pushed everything into the catastrophic and unavoidable and the concept of medical debt, which didn't even really exist, you know, a generation ago, and now is the norm, I find it really interesting what you're talking about in terms of changing expectations, both of the healthcare system, of the medical system, and of patients in terms of, you know, regular preventive care and expecting, you know, healthy outcomes.

MATTHEW MEIZLISH: And, of course, preventive -- that kind of preventative care, reduces costs in the long run, right? I mean, most of the things that we see in the hospital are complications of underlying health conditions that have simmered for a long time, whether it's diabetes or hypertension, cardiovascular disease. So the real way to reduce cost is to expand access and restructure, the way that we deliver healthcare such that we can prevent those kinds of complications.

REP. HUGHES (135TH): Yeah. You're talking about health costs. And we're also in this study hoping to look at the economic costs and savings of both, you know, that intersectionality of health costs -- of delayed care, and like you say, simmering chronic, exacerbated conditions -- underlying conditions.

MATTHEW MEIZLISH: Absolutely.

REP. HUGHES (135TH): Untreated conditions. Yeah.

MATTHEW MEIZLISH: Absolutely. And it's worth pointing out from the cost perspective as well that, you know, Medicare and Medicaid tend to care for people with high levels of medical need.

REP. HUGHES (135TH): Right.

MATTHEW MEIZLISH: Insurance works best when you have people in the pool, who are not high utilizers of health care, and those are the additional people who would be incorporated in a single payer system. So, you know, to one of Representative Arora's earlier questions about does expanding the system cripple it? Does it lead to failures in the system? I would argue that it leads to improvements in the system, because it increases the pool of people who are insured to include young and healthy people that allow for us to pay for the medical costs of our society as a whole.

REP. HUGHES (135TH): Great, thank you. And thank you met -- Mr. Chair, I just wanted to say what do you think about the sweetspot population of our 3.5 million people in terms of this being an experiment in sustainability?

MATTHEW MEIZLISH: Oh, I mean, I think that experimenting on the state level is critical. And, you know, this may be a policy that is best enacted on the national level in the end, but it's very difficult to make those kinds of national changes without state level experimentation. And I think that this is the kind of experimentation that can attract people, and that can -- that can make a state a really attractive place to move to, especially for young people.

REP. HUGHES (135TH): Wow. Thank you. Thank you for your testimony.

MATTHEW MEIZLISH: Thank you, Representative Hughes.

SENATOR LESSER (9TH): Your Representative Arora.

REP. ARORA (151ST): Thank you, Mr. Chair, I really have -- am honored to have the opportunity to discuss and get input from you, Matthew, because you do come you do come not only with a very strong background, but also a lot of experience, you know,

advocating for this. And by the way, about that I'll tell you that both of us have a similar objective, which is the best gear for every single person, every single American, both of us agree. And I left a private career, you know, just to focus on policy and service to really make sure that ideas like that, which is providing -- making sure that every American has access. Each one of our citizens is a very important thing for me as well. It's just how we get there, right?

And my question for you is that you said you were -- so you, you've been you're going to be in residency at the Yale School of Medicine. Now. Is that right? You did. That's what --

MATTHEW MEIZLISH: No, I'm -- that's -- I'm actually going to be a residency at Massachusetts General Hospital, so.

REP. ARORA (151ST): Mass General. Wow, you got both Harvard and Yale on that. Excellent. Congratulations, congratulations. Right? You know, as they say, you know, that's the -- that's the, for -- the max success story of America, Yale and Harvard on the same resume. And my question for you is that, have you spent a lot of time studying economics? I know you've studied medicine quite extensively. Have you studied a lot of time studying economics? And how it -- how typically systems -- you know, single systems or competition works?

MATTHEW MEIZLISH: I certainly would not call myself an expert in economics. I definitely have spent some time thinking about healthcare economics in the, you know, to because I care about these questions, and I care about how to deliver care, effectively, to as many people as possible.

REP. ARORA (151ST): Thank you. Thank you. I really appreciate that answer. Because, you know, many of us and have spent time -- a lot of time

studying and practicing economics. And one of the systems things which we really think never leads to right answer is lack of competition.

And that is insurance business, health care, business, name a business -- name a business, and I'll tell you, including colleges, if there were only one college -- and eventually when you study about NHS and other other places, do you really have any strong reason to believe that in your study and as you've studied some that by killing all competition and aggregating it in a one single payer system will be a right answer when the history of -- the history of organization, industrial organization and economic organization tells us that when you kill competition, you kill quality, you includes corruption, you introduce all kinds of gaming, and that's what we really seen in many, many systems.

So my question is, do you have any experience or insight or that why killing all competition or pluralism, as we call it, pluralism in discussion, pluralism in our systems is good for us. That's what you're promoting?

MATTHEW MEIZLISH: I would I would ask you whether you think that there's really competition in our healthcare system. I mean, a true competitive market requires transparency and requires agency on the part of the consumer. And in --

REP. ARORA (151ST): So I -- sorry to interrupt you. I agree with that. We need to improve our system and we need to make our competition better. There's just no discard -- there's no disagreement between you and me. The competition should work better. Well, my point is, should we kill all competition and make it one? There are two ways to make competition better. One is, basically, actually work at it. And the second is what you're suggesting, kill it all, and have the government control it. So my question to you --

REP. ABERCROMBIE (83RD): Senator Lesser, I'm going to interrupt here as the Co-Chair. I think this conversation is not really helpful, this back and forth here. If you -- the quorum of this Committee is to ask questions. So if you have questions that are going to lead to a different outcome, this bantering back and forth, I don't believe, is effective in this Committee. So if we can stay on track, I would appreciate that.

REP. CASE (63RD): And Senator Lesser, I would agree, but it needs to be for all people who are doing asking questions or giving opinions. Thank you.

REP. ABERCROMBIE (83RD): I agree.

REP. ARORA (151ST): Well, thank you. So I'll just restrict my question to do you think a competitive system works better relative to a system, which has no competition?

MATTHEW MEIZLISH: In healthcare specifically, I do not think that a competitive system works better, with respect to health insurance. That does not necessarily mean that there wouldn't -- that there can't be competition at other levels of the healthcare system, for example, at the level of health care delivery. But in terms of the health insurance level, I don't actually think that in the health care system, the type of competition that we have in our system is better than having a single payer that can -- that can appropriately structured incentives.

REP. ARORA (151ST): Okay. So you think as you say -- what I'm hearing you say is that insurance is a separate case, whereas in other other parts of the healthcare system, it may work better. Okay.

And, finally, you know, let me ask you one last question here. You mentioned that, overall, a universal system would work better, right? Would

you care to really comment on -- or have you studied, perhaps any of the other international systems like the NHS, which we heard earlier about, or Canada, if you had any insights as to why, and you know, they have failed miserably.

Because as I pointed out, one of my personal stories, I grew up in India, and I hated the public system, because I had horror stories about it, it also started well, and ended up being very poor. And it's a private system now.

MATTHEW MEIZLISH: Well --

REP. ARORA (151ST): So I just wanted you to see if there any insights we could get, if you had, having advocated for single payer?

MATTHEW MEIZLISH: I would just make two comments. One is -- one is that there are many different models, what -- some of which, you know, having a single payer doesn't mean that that payer has to employ the physicians. So that's a distinction between a single payer system and the type of system that you're describing in some -- in some of these countries. So it doesn't have to look like any one of these individual countries that you've cited.

And the other thing I would say is that I disagree with the premise of the question that they failed miserably. I think health care outcomes in a lot of these countries are much better than health care outcomes in the U.S. So it's only looking at a subset of the population. And that you could argue that the U.S. healthcare system is better. For most people, those health care systems, unfortunately, were actually deliver better care for them than the U.S. system, which I think is a problem.

MATTHEW MEIZLISH: Have you lived abroad to say that?

REP. ARORA (151ST): I've lived in England, actually.

MATTHEW MEIZLISH: Great. Thank you. And, you know, I think that really well creates a -- provides a great counterpoint to what I'm saying. But I've -- having lived abroad, several in several places, I found that, you know, government systems have failed miserably, but maybe that's just my experience. Thank you very much for your time. I really do appreciate it. I know I'm gonna get cut off here. So, you know, I really appreciate your to and fro which, you know, obviously, we're going to do a little less of Thank you. Thank you, Mr. Chair.

MATTHEW MEIZLISH: Thank you for your time as well.

SENATOR LESSER (9TH): Thank you, Representative and thank you, Matthew. Next up we have Daniel Bryant, followed by Karen Siegal.

DANIEL BRYANT: Thank you so much. Senator Lesser. My name is Daniel Bryant. I appreciate you taking the time to listen to me today. I come to you today as both a patient and a healthcare provider. I'm a licensed professional counselor. I've been practicing here in the State of Connecticut for 10 years this year. And I work at one of our largest community health centers delivering care to mostly HUSKY-insured patients.

On the provider side, it is important to understand the gaps in the system that we currently have and the ways in which this will help to seal some of those gaps up. I have countless patients who are working poor, trying desperately to get their lives on track and they get a slight pay bump and find themselves thrown off in HUSKY through no fault of their own. And then are either outside of the realm of enrollments for the ACA, or just, quite frankly, can't afford it because the plan is not nearly as comprehensive as HUSKY is. HUSKY is a system that is really quite comprehensive and excellent and the

patients are grateful for and I am proud to provide care under. And with few exceptions around specialists that meets almost all of the needs of patients fairly universally.

As a patient, I'm a type one diabetic. And when I first finished grad school, I moved to the State of Massachusetts and I was able to get state insurance that I paid for and contributed to in a way that made my life affordable and survivable. So brief period where I was uninsured and the state's program, which had not just one but two different choices to choose from that were state funded, that I could buy into -- provided excellent insurance at a fair and reasonable price without all of the challenges that were presented to me in the ACA, or in other places at the time. This program will do an awful lot for the citizens of this state. I am proud to work so closely with the HUSKY health insurance program. And I am hopeful that something that resembles that will be what is generated from this bill, as it is a system that we should all be proud of and seeking to expand access to even at a cost.

SENATOR LESSER (9TH): Thank you, Daniel, for your testimony. Have you seen the law -- I was just curious if you've seen a change in demand for your Housekeep -- patient base since the onset of the COVID dynamic? Is there -- is there a change in the mix of your patients?

DANIEL BRYANT: A change in the mix meaning --

SENATOR LESSER (9TH): Housekeepers -- do -- I mean in the health -- in --

DANIEL BRYANT: Yeah, health centers.

SENATOR LESSER (9TH): Health centers, I don't even know if you know, who -- to what --

DANIEL BRYANT: Our patients have stayed fairly consistent during the course of the pandemic. There's been a slight uptick in HUSKY but not by much and a slight uptick in uninsured but also not by much.

SENATOR LESSER (9TH): Thank you. Are there questions or comments from Members of Committee? If not, thank you very much for your testimony.

DANIEL BRYANT: Thank you.

SENATOR LESSER (9TH): And next up we have Karen Siegel, followed by James Bhandary-Alexander.

KAREN SIEGEL: Good afternoon, Senator Lesser, Representative Abercrombie, Esteemed Members of the Human Services Committee. My name is Karen Siegel, and I'm testifying today on behalf of Health Equity Solutions, where I serve as the Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs and practices that results in equitable health care access, delivery and outcomes for all people in Connecticut. I appreciate this opportunity to testify today in support of S.B. 1090.

As many of you have heard me say in recent weeks, health insurance is a necessary part of health equity. And this study could develop a plan for ensuring that all Connecticut residents have access to health insurance that they are able to utilize. In order to ensure that our priorities are community informed, Health Equity Solutions conducts annual listening sessions. And this year, despite conducting them in the midst of a pandemic, one of those top two concerns was health care affordability.

We believe that HUSKY programs are a good basis for the study of universal health care program, because they offer a comprehensive health insurance so they

cover dental and mental health care and access to a comprehensive set of services because they cover the -- they cover care across the lifespan and they are quite fiscally efficient.

We respectfully recommend that the study include analysis of the program's potential impact on disparities and insurance coverage by race and ethnicity, which are currently quite large in Connecticut, and barriers to enrollment and utilization of health insurance that disproportionately impact people of color, including not only premiums, but other out-of-pocket costs and the processes involved in enrolling and in renewing coverage.

Given the work that's been done in other states in recent years to address affordability, we believe that there's ample opportunity for this study to draw and lessons learned in other states, particularly around wether or not those programs have reduced disparities. And to provide real insight on both the costs inability of the program to mitigate uninsurance disparities in Connecticut.

I also noted recently that even with the new increased premium subsidies through the the American Rescue Program plan, a Household of four covering just the two adults would still face $5,000 dollars and out of pocket costs if they needed to actually use their health insurance. So a host of research demonstrates that out of pocket costs cause people to forego or delay the health care that they need.

And this is particularly worrisome in a pandemic, when we know people are already delaying care for fear of contracting COVID. So thank you all for the opportunity to speak with you today. Happy to take any questions.

SENATOR LESSER (9TH): Thank you, Karen. I think there may be someone else who's testifying as well.

KAREN SIEGEL: No, she was trying to break in.

SENATOR LESSER (9TH): Excellent. I've certainly never been here. Well, thank you. Had a -- had a -- just a technical question. I'm not sure if other states have looked at the specific and a -- the majority -- as I understand it, the majority of the insured population currently gets its insurance through self insurance was a plan that would be beyond the ability of the State of Connecticut to regulate one way or the other.

And I was just curious if there was an equity lens to you in terms of which percentage of the Connecticut population gets its health care through -- during ARISA, employer-sponsored plan versus not -- I don't know if anybody in any of the states have been looking at similar proposals of -- look at that specific question.

KAREN SIEGEL: That's a really great question. And there is not great data on it that I have been able to find. We do know that -- there's a little bit of data gathered by folks like Kaiser in Connecticut. I haven't been able to get a race ethnicity breakdown. But I believe that, that may be part of the analysis that was just done by Access Health. And if it isn't, it will be part of the the research being done by a couple of the groups that are -- that have been working on other insurance options. So the short answer is that's not data I can give you right now, but it's -- it should be coming soon.

SENATOR LESSER (9TH): Okay, thank you. Questions or comments for Karen Siegel? Just me? If not, thank you for your testimony.

KAREN SIEGEL: Thank you. Take care.

SENATOR LESSER (9TH): Next up -- you too. Next up, James Bhandary-Alexander, followed by Carlos Moreno.

JAMES BHANDARY-ALEXANDER: Afternoon, everyone. Thank you for hearing me. My name is James Bhandary-Alexander. I'm the Legal Director of the Medical Legal Partnership at the Solomon Center for Health Law and Policy at Yale Law School. Having said that, I am not a health insurance expert. I'm a legal aid lawyer. We provide civil legal services to low-income patients in medical sites of care. So under -- in our program, I'm supervising law students and working with patients in -- from a variety of different patient communities, including veterans, people in palliative care, cancer patients, geriatric patients, uninsured immigrants and people coming out of incarceration. And each patient community has different needs in terms of health insurance, what I want to do is just describe a little bit of what I'm seeing. And in support of this proposal for a study.

What I see similar to the medical care provider from the community health center, is that there are a lot more gaps in coverage than people realize, even for low-income people. And I think one of the most dramatic examples is for people leaving incarceration. They often have a lot of trouble getting on to HUSKY even when they, by all, appearances qualify. In fact, it has to do with federal Medicaid, and it has -- it -- there's a -- there's a fix at the federal level, to try to allow people leaving incarceration to actually apply and be granted health insurance at the end of sentence.

This -- the fact that this is required for these people to get health insurance, I think, gives you a little glimpse into how fragmented and nonsensical this complicated health insurance system of ours can be for our most vulnerable people. Of course, for uninsured immigrants who have no access, currently, to public health insurance, the problem is very straightforward at no point until they're able to succeed in their immigration applications at no point will they be receiving any public health

insurance. So the health effects are very bad. I can contrast it with the veterans that we serve.

The Veterans are in a not just a single-payer system, they're in a national health system that they're very satisfied with, in general. Are there horror stories? You -- yes. We saw them a few years ago in Washington, D.C. There was an entire investigation -- an important investigation that uncovered all kinds of problems, there are problems, but the average person at the V.A. is in a lot better position than people from my other client communities.

Having said all that, and with the caveat that I'm a strong supporter of federal Medicare For All Bill, I come into this conversation grateful that you're looking at a study, because, I don't know a lot about what it would look like to have a single payer health insurance at the state level. And I think some of the questions that have been raised are really valid, questions about how it would work? And I would -- I would suggest that you add in to your list of things that commission could look at the effect on -- I mean municipalities that are facing extreme problems right now help that -- would it -- could be providing more services, if as an employer they weren't -- they weren't paying such high prices for health insurance. I would also ask for you to include more consumers in who's included on the commission. I need --

HEATHER FERGUSON-HULL: Excuse me. Excuse me, sir, Your three minutes are up. Please summarize.

JAMES BHANDARY-ALEXANDER: Yes. So, in summary, I support this study -- I genuinely support the study, as if somebody who does believe in single payer on the national level as a way to answer the questions that people are putting forward about how it would affect us at the state level.

SENATOR LESSER (9TH): Thank you, James, for your testimony and for those suggestions. I agree with you. If this proposal were to move forward, it should address a lot of those questions. And in earlier I'd ask Karen Siegel, just a sort of a basic question. I thought about how this will could work intersects with ARISA plans. And I don't know the answer to that, but I think that one should figure that out this thing -- this Bill moves forward. Are there questions or comments for James from the Committee? If not, thank you for your testimony. It's good to see you.

JAMES BHANDARY-ALEXANDER: Thank you. Thank you all very much for your time.

SENATOR LESSER (9TH): Next up, Carlos Moreno, followed by I think what -- the next person we have up is Ronna Stuller. I will say that we've skipped over quite a few people who've signed up to testify who we have not seen here so if any of them appear, we may be able to return to them. Carlos, you're up.

CARLOS MORENO: Thank you Senator Lesser, Representative Abercrombie, and Members of the Human Services Committee. My name is Carlos Moreno. I'm a State Director Connecticut Working Families Organization. We stand in support of S.B. 1090 as a pathway to a statewide universal health care system.

Rising health care costs are a major economic threat to Connecticut residents. Over the past 15 years, Families saw the cost of health care in Connecticut rise by 77%. It's much faster than the median wages at 21% and greatly reducing disposable income. As of 2018, family coverage averaged $20,735 dollars a year in Connecticut, and that's consuming 28% of median Household income with projections for healthcare costs continue to rise significantly faster than inflation.

So, if you consider that 40% of Americans wouldn't be able to afford an emergency expense of just $400 dollars it's no wonder that unpaid medical bills are the single greatest cause of bankruptcies for Americans. In the U.S. about two-thirds of personal bankruptcies have been medical costs related. And and when you factor in that cities like Bridgeport and Hartford were 73% and 66%, respectively, of the population lived just one paycheck away from poverty, it's clear that the crisis required bold action way before COVID even hit.

But the pandemic has exacerbated existing economic and healthcare inequalities and the loss of jobs among people of color has led to a health insurance loss that's approximately double across the U.S. with immigrant and Latinx populations experiencing the most disproportionate impacts. So, we're at a moment that seriously merits the study of a statewide single payer system.

Our health care system, as everybody knows, is extremely fragmented, requiring that patients navigate through a patchware -- patchwork of care systems, coverage plans and varying costs. And its clear why administrative costs are so excessive in the U.S., and that's about 24% of healthcare expenditures overall. A single payer system would ensure that most health care dollars go to patient care, not the cost of doing business or profits for executives.

Several states have been pushing forward with studies to assess the benefits and impact of single payer state level systems, and study after study has shown a common thread and determined that net cost savings and or increases in household income overall, are really what stands out.

A few examples -- I'll just pull out a few examples. Those are three -- one in California -- study estimated that overall costs of providing health care coverage to all under a proposed program would

fall by about by about 18%, relative to spending levels under the existing system. Those savings would be achieved, but mainly through streamlining administrative functions, restructuring, pharmaceutical pricing, and fee structures for service providers.

In Maine, another study showed that a proposed single payer system there would affect most families positively, those in the bottom 80% of Households, based on income would experience a boost in Household income as a result of the proposed single payer plan. For middle income families, the average income gain would have been $3,500 dollars per year at eight -- and that's 8% of the annual income.

In Georgia, another study research found that the proposed single payer program there -- SecureCare, would achieve universal coverage, while actually reducing health care spending for Georgia by about $716 million. The primary source of those savings would be reductions in the cost of administering various health insurance programs and savings through bulk purchasing. So, my testimony includes a link to a site that includes studies from 14 different states that have examined this issue. I encourage everybody to check it out.

And, lastly, we'd like to make the following recommendations respectfully to the parameters of this study. One, we ask that the health equity impact analysis, examining coverage by race and ethnicity, as well as barriers to enrollment and usage take place. Two, ensure that undocumented immigrants are included in the analysis of uninsured persons. And three, a feasibility study with recommendations for training and transitioning the private insurance workforce to a single payer system workforce. We're clear that there are no shortage of payer --

HEATHER FERGUSON-HULL: Excuse me, excuse me. Your three minutes are up. Please conclude your testimony. Thank you.

CARLOS MORENO: Thank you. And the biggest barrier -- the biggest barrier to state level and universal health care are insurance companies themselves. So, I ensure that this -- I urge this Committee to take this important step and support S.B. 1090. Doing so will acknowledge the universal health care to -- universal health care is a fundamental value for Connecticut. Thank you.

SENATOR LESSER (9TH): Thank you, Carlos, for your testimony. Representative Dathan, followed by Representative Arora.

REP. DATHAN (142ND): Thank you so much, Mr. Chairman. And thank you, Carlos, for your testimony today. It looks like he did quite a bit of research and brought that to the Committee, which is -- we're all really grateful.

One question I had for you was the composition of the Commissionm I mean, you've worked in the building a little bit and know your way a little bit around the red Legislature here. And I'm just wondering, do you have any suggestions or insight for the Commission to make sure that you feel like it runs smoothly?

Because my -- always concerned about establishing a commission or a task force is sometimes things get lost in the shuffle. And this is a really important study to me and want to understand, you know, the results. Do you have any suggestions or input on that?

CARLOS MORENO: Yes, thank you for the question. I would recommend three, specifically -- one, that there's somebody qualified to provide an analysis of health equity, someone from health equity solutions, perhaps.

Two, someone that would be focused on the consumer impact here. And three, I would say someone that's involved at the ground level of community clinics, that really has experience administering patient care to the undocumented population. As we know, a lot of those folks depend on community clinics, they have nowhere to go. And a lot of these community clinics don't provide a comprehensive level of care. There's just certain kinds of specialty care that's needed that folks have to forego. So those are the three that I would recommend.

REP. DATHAN (142ND): Great. And the -- my second question is, in regards to the 14 other states that you talked about. What sort of studies or commissions or task forces have those states done in order to evaluate this for their states?

CARLOS MORENO: Unfortunately, I don't have that answer for you, but I can get it.

REP. DATHAN (142ND): That would be great. If you could please forward that to our Clerk. That would be phenomenal. Her -- the Administrator's name is Heather Ferguson-Hull. And you can just contact her through the CGA website. I'd appreciate that. Thank you, Mr. Chair. Thank you, Carlos, for your testimony today. And thank you, Mr. Chair.

SENATOR LESSER (9TH): Thank you, Representative Dathan. Representative Arora.

REP. ARORA (151ST): Thank you, Mr. Chair. And thank you, Carlos, for your testimony. I have a couple of questions. One is when you said that, you know, a universal system health care coverage would really improve is needed? The -- there are three elements which, perhaps, you could expound on. One is it that it's too costly or expensive? Or has too high, you know, copays and so on.

Second, do you think it's a quality issue, which can be improved by the -- by the single payer? Or do you think the single payer, a -- you like a single payer because of access to their pockets of people who do not have access? Which of the three do you think or all of them? Would you like to -- would you find really problematic with the current, you know, as somebody called the hotspot system?

CARLOS MORENO: I think the first -- thank you for the question Representative Arora, I appreciate it. I think the patchwork of care -- the number one barrier right now that I think the usage, especially among black and brown populations, is unfamiliarity and the difficulty accessing the system. It's a patchwork of care, it's very confusing. It's very intimidating for folks to be able to get a foot in the door and understand where they need to go.

The cost of care is probably a -- is probably the second barrier. After you get that first one. The current patchwork of care is just too costly for folks, right? You know, I think that the ACA was an important step forward and expanding care to millions of people and capturing a lot of folks in the coverage gap. But it didn't fundamentally address the the way that healthcare is delivered in this -- in this country through the private insurance model.

And while it was an improvement, it still helps reinforce some of the negative aspects of our system. And that is the lack of control over pricing that affects everything from co pays to, you know, pharmaceutical drug prices, you know, coinsurance all those sorts of things. So, you know, that's an aspect of our, you know, free market system that we have in this country that we have to contend with and rectify at some point. But that's probably -- that's the second major barrier.

What I think about -- and then to get to your second point, the quality issue. I think that the HUSKY

for all is a good example. I've never had experience with Husky.

Fortunately, you know, I'm in a position where I didn't need it. But from friends of mines, and folks that I do know, anecdotally, I know that they've always been pleased with the service. It's been very straightforward going through the website, when it is working [laughter] has been a positive experience for folks.

I know that we heard from someone that had difficulty with that earlier today. And the connectivity to care at the -- at the clinic level has always been pretty streamlined and seamless, you know, after navigating through the website and establishing contact with a medical provider, and then getting in the office and getting that quality care in a face-to-face setting. I've heard nothing but but great story. So that's why I'm advocating for this study, to examine the impact of expanding this as a universal health care system in Connecticut.

REP. ARORA (151ST): Right. The -- just a follow up question, you said, well, it's the delivery system, which is -- which is -- which is in our country -- which has a big problem. And when you say the delivery, you don't mean to say that it is the doctors and the hospitals, and the delivery -- you know, in healthcare, when we think about delivery and provider system, we think about, you know, the hospitals and the doctors and the surgeries, and the surgeon centers, and so on so forth.

Whereas when you think about the payer, you think about the insurer, or the or the Medicare and so on, and they are all, you know, in some sense connected together. So, is your problem primarily with the payment process and the risk risk mitigation progress? Or are you saying that you are you have a big problem with the entire provider system as well?

CARLOS MORENO: I think my problem would probably start with the way that fee structuring is created in the state and the lack of power or role of government in having a hand in fostering more competition to drive prices down. You know, I would encourage you to support the public option Bill, if you're concerned with fostering more competition in the private insurance marketplace.

But I think that is where the first point of contention is. I believe our doctors are doing the best that they can with a patch -- with a patchwork system and experiencing a lot of the same negative aspects, aspects that patients are. I think they are coming from a good place and trying to navigate the system to the best of their abilities but also frustrated as we've heard from doctors already today with the the restrictions that they -- that have been imposed upon them in terms of managing patients the way that they feel would be most effective. I think --

REP. ARORA (151ST): So-- .

CARLOS MORENO: -- to that effect.

REP. ARORA (151ST): So, your experiences -- your basic concern is with the pricing process, and you would like a system which would have more pricing through competition? Or, you know, if the state takes over, it's basically just the state setting the prices.

CARLOS MORENO: Yes.

REP. ARORA (151ST): So that's the worry, you realize that the reason we don't support the study is because we think a big study was done over 40 years. And we call it the study, after the second war of two systems -- a system of central planning, which was done in real time in three countries and the system of free markets, which is always a patchwork of competition looks like a patchwork, but

its competition and the regulator's role. And this is a comment, this is not a banker, please, this is a comment and the --

SENATOR LESSER (9TH): Representative, I understand your --

REP. ARORA (151ST): Comments is allowed -- are not comments allowed either?

SENATOR LESSER (9TH): If you could confine your questions to the Bill before us, that would be helpful. Thank you. Thank you.

REP. ARORA (151ST): Right, this is -- this is -- we are talking about a single payer system, which is really, -- and that's the reason we believe that, you know, single payer system is reflective of one central controlled, process planning, and it is really prone to gaming and corruption. So, from my perspective, I just really ask you that, you know, perhaps, it is the cost, quality and access, which needs to be improved in the current system. And it's not throwing away the entire competitive system, which is at stake. So, you know, I guess that -- that's just a comment, not a question. And that's where I will leave it. Thank you very much.

CARLOS MORENO: Thank you, thank you. Thank you, Representative Aurora. I'll give you one example of a good centrally planned system that has had that has great, you know, internationally, world-renowned health care, and that's the country of Cuba for, you know, it's a communist country with -- at that aside, is it you know, for their socialized healthcare system is world-renowned, and their doctors travel all over the -- all over the world to provide medical care on a short budget.

And the problem -- the main problem with their access to medical equipment, is probably the American embargo on that country that prevents that country from achieving a higher level of quality of

care. So, I want to push back on that a little bit. I think that central planning in that country actually does work, and I am of a Cuban American background, have some experience on the family side with understanding that system there. So, I can feel like I'm a little qualified in saying that. So not all of it is bad.

But I also -- my second point to that is just purely from, you know, philosophical level, any health model that is presupposed on a profit-driven basis is probably not gonna probably does not have the consumer, as the -- it probably does not prioritize the consumers the first order of business.

REP. ARORA (151ST): Thank you very much for your input. You know, I would not take Cuba as a role model any day because of the amount of atrocities which go on there. But on the other hand -- and I also would not agree that anybody who's making profit does not serve their their customer. People serve their customers and make some profit, that's our system. And there's nothing wrong about that. It is a good system. I'm sorry, I do not agree with you that a system anybody who makes profits is bad. I just don't. Thank you. Thank you very much, Carlos, for your input. And thank you, Mr. Chair.

CARLOS MORENO: Thank you, Representative Arora.

SENATOR LESSER (9TH): At this point, I'd like to hand over the controls back to my Chair, Senator Moore, who I believe has joined us again -- or not. We can have -- Representative Wood, you have a question.

SENATOR MOORE (22ND): I am gonna apologize. I was mute -- I was muted. I said, are there any more questions? I guess, Representative Wood does have a question.

REP. WOOD (141ST): Yes, I do. Thank you, Madam Chair. Thank you, Carlos, for your testimony. I have

a question. You mentioned some -- you mentioned that the role of government is to create more competition. In your view, how would this happen in this type of healthcare situation?

CARLOS MORENO: No, I -- thank you for the question, Representative Wood. I think the role of government is to acknowledge that healthcare is a human right, and to deliver paid to deliver health care, absent competition to its citizens. But I'm clear eyed and understand that, you know, there are certain elements in this country that you know, have put us where we are, and we have to contend with the private insurance business models.

So, my question about competition if we're so worried that single payer is going to decrease competition, then the the example that I gave to Representative Arora is then where are we then -- there's logically there should be more support for the public option Bill, which would create more competition with the private insurance industry and seek to expand care.

You know, the private insurance business model has not worked. I mean, there's 107 -- there's 187,000 people currently without insurance in Connecticut. Some of their -- some of them are undocumented, a lot of those folks also fall in the coverage gap. If they can't afford -- they can't qualify for Medicaid, or for private insurance or plans on the exchange, right? So, you know, what are we doing about them?

REP. WOOD (141ST): So, you did make the statement, though the government should create more competition. So, to give me one sentence answer on why you said that it would be?

CARLOS MORENO: My one sentence --

REP. WOOD (141ST): You did make that statement that government -- the role of government is to create more competition. So, I was asking --

CARLOS MORENO: I believe I said-- .

REP. WOOD (141ST): You on exactly what you meant by that. I'd like to understand,

CARLOS MORENO: I believe that I meant that in the context of the public option Bill. I don't want to get off topic, but that is a Bill where the role of government would foster more competition in the insurance industry. If we're talking about single payer, we're talking about another subject, we're talking about the government's role in providing care to -- you know, to all to all of its citizens.

REP. WOOD (141ST): All right. Thank you very much. Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. Any other questions? Seeing none, thank you, Carlos.

CARLOS MORENO: Thank you, Senator Moore.

SENATOR MOORE (22ND): Up next is Meghana Fernandez. Is Meghana here? If not, I'll go to Ronna Stuller. And if Meghana comes at back, I'll call her back. Ronna, how are you?

RONNA STULLER: Thank you, Senator Moore, and thank you to Members of the Human Services Committee. My name is Ronna Stuller. I live in New London and I support Senate Bill 1090.

A little over a year ago in February of 2020, the New London City Council unanimously approved a resolution in support of single payer health care legislation. I was one of the citizen presenters of that resolution which had broad support among the city's residents. As well as elected officials, even before the COVID pandemic exposed and widen the

gaps and cracks in our current fragmented for-profit health care system, our city was impacted daily by its failings. For all of the 26 years I've lived in New London, our city has struggled to maintain services, while trying not to overtax our residents. The burden of providing health care insurance to municipal employees and retirees makes this a nearly nearly impossible task in cities like New London, where a large amount of our land is nontaxable and limits our opportunities for revenue.

In fiscal year 2020, health insurance premiums cost New London over $13 million dollars, about 15% of the budget and a line item second only to wages. That year, our Board of Education had to adjust for a surprise 29% increase in the cost of premiums, resulting in reduced programs, while adding no value to employees or to families in our community. According to estimates made at the time the resolution was being considered, about nine mils of our high 39.9 mil tax rate went to health insurance costs. HUSKY for all offers the potential for significant savings and Connecticut municipalities need the study authorized by Senate Bill 1090 in order to determine much more accurately than our estimates can how we state single payer health care program could benefit our cities.

Additionally, the current system's effect on the overall well-being of our community goes far beyond this obvious budgetary impact. As our region's urban hub, New London provides much of its safety nets services. People forced to choose between buying food or medicine come to our meal center, or fuel -- and food pantries. Those who spousal insurance benefits keep them in abusive relationships may utilize our domestic violence support centers. Those who lose their home, or savings due to medical debt may find themselves in our shelters, and those who delay routine medical care are likely to end up in our hospital’s emergency rooms. For these reasons, I urge the Human Services Committee to approve S.B. 1090 and

also ask that this study include data on the trickle-down impacts of our current system on and municipalities employers and individuals. And I want to --

HEATHER FERGUSON-HULL: Excuse me, excuse me. Your three minutes are up, can you please summarize? Thank you.

RONNA STULLER: Yeah, one last statement as a senior citizen, I have to degree -- disagree with the statement that we love medicare is is currently administered. There are many things it doesn't cover like dental and vision care. I'm lucky that I'm also covered by Connecticut Retiree Insurance. And between my two public insurances I have good coverage HUSKY for all would allow that kind of good coverage to everyone in our state. I thank you very much.

SENATOR MOORE (22ND): Thank you, Ronna. Appreciate your comments. Are there any questions? Representative Hughes.

REP. HUGHES (135TH): Thank you so much, Ronna. You said something about the New London $13 million dollars cost in the line item to insurance and you said something also about without adding any value, and I thought that was an incredible point that we hope that this study will look at. What is the value of not having to review every year and and compare plans and just know that this is a service that's going to be covered and paid not by you getting denials, but by, you know, by it being submitted to someone else that is just going to pay it? What -- .

RONNA STULLER: And it is huge. A one -- anyway, when I wrote that sentence really, partly what I intended was that, with the 29% increase in insurance premiums, no one thinks we got a better policy out of it.

Our insurance -- our employees did not get better insurance policies, they did not get lower deductibles, they did not get better -- no more comprehensive coverage. It just cost more. And to think that school programs had to be cut, because, you know, our mill rate was already nearly 40 of the highest in the state probably. That it was really an unconscionable decision, but they had to make it.

And I hoped that our Board of Ed Finance rep could come today, but he has a day job, so I came instead. But he and one of our city councilors had written up edge back over a year ago about the impact, particularly on the Board of Ed budget, which I think was about $8 million dollars of that $13 million dollars that the city spends on insurance.

REP. HUGHES (135TH): Thank you, Madam Chair. Thank you so much, Ronna. And I believe in the language in the mission study, we do ask for an analysis of impact and savings on media. So, power these basically.

RONNA STULLER: Thank you.

REP. HUGHES (135TH): Which would be tremendous -- you know, a tremendous value to the taxpayers of all municipalities if they -- if we could shift some of the savings into direct services and amenities of those towns.

RONNA STULLER: Thank you for including that.

REP. HUGHES (135TH): I'll double check. I think so. [laughter].

RONNA STULLER: [laughter].

REP. HUGHES (135TH): But I believe that it -- we add the municipalities to the language. Thank you. I don't have any further questions.

SENATOR MOORE (22ND): Thank you. I don't see any other questions for you, Ronna. But thank you for coming today. And thank you for taking the time to give us your testimony. I appreciate it. Next is Jamie Myers-McPhail.

JAIME MYERS-MCPHAIL: Hi, good afternoon, Senator Moore and members of the Health and Human Services Committee. My name is Jamie Myers McPhail. I'm a resident of New Haven. And I organized the New Haven Rising, here in support of S.B. 1090, AN ACT ESTABLISHING A COMMISSION TO STUDY HUSKY FOR ALL SINGLE PAYER UNIVERSAL HEALTH CARE PROGRAM.

For most of my life, I did not have health insurance. Thankfully, I was healthy. But I did live with constant fear and stress. What if I had an accident? In fact, that happened to me my first semester of college. While I was walking, I was hit by a fast-moving car. And I didn't seek proper treatment because I couldn't afford a hospital bill. Years later when I was finally able to get health care through my union and get checked out. But because I didn't treat my injuries when they happened, I now have chronic pain and mobility issues. And yet my experience is nothing compared to the thousands of lives that we lose every year due to lack of care.

Our so-called health care system is not about health. It isn't caring, and it can't properly be called a system. It is a complete failure for all but the insurance and pharmaceutical industries. This pandemic, which we refer to as the great reveal, has shown us that's not just an individual problem, someone can't go to the doctor, can't get checked up, or can't access proper health care, it becomes a problem for the entire community. It also costs more when people have to put off preventive care and then wind up in the emergency room for treatment when an issue has become life-threatening. It costs more not only for the individual and the family but for the whole system. We are past the

point where we can financially morally or from a public health standpoint, justify excluding anyone from access to the care they need.

Rising healthcare costs are a major economic threat to Connecticut. Over the past 15 years, families saw the cost of health care rise by 77% much, much faster than median wages, which rose only 21%, and greatly reduced disposable income. One of my members, a teacher at a charter school, recently revealed to me that his deductible is $14,000 dollars. So, all I can do is pray that nothing happens, and he can't rightly start a family that he wants to start.

Healthcare attached to specific employment also stifles entrepreneurship and ingenuity and strangles small businesses. This harms our communities and economy overall. We can no longer tolerate inaction or playing politics with people's lives.

If we didn't see the crisis prior than the COVID-19 pandemic and Trump presidency should have ripped the curtain off to reveal deep systemic racism. In the wealthiest state and the wealthiest country on Earth, the injustices in our healthcare system are glaring. Our inequality was already the fastest growing and now the pandemic has deepened the wide gap between rich and poor.

It's time for courage. It's time for bold action. We must tax the rich and foster real equity with every single Bill passed this session starting with this one. Thank you very much for your time.

SENATOR MOORE (22ND): Thank you, Jamie. Are there any questions for Jamie? Seeing none, seeing none, I just want to thank you for taking the time to come today and give your testimony. Appreciate it. Next is David Yaccarino, Jr.

DAVID YACCARINO JR: So first of all, thanks so much, Senator Moore and, you know, the rest of the

Committee for giving me time to speak. My name is David Yaccarino. I'm a lifelong Connecticut resident and I'm here to testify in favor of S.B. 1090. I wanted to start with a quick story about the first time in my life I thought there was something wrong with our healthcare system.

When I was in elementary school, I had a classmate who is diagnosed, unfortunately, with leukemia. We had some sort of fundraiser for her, I think it was probably a bake sale or something like that. And I just remember asking why? Why are we having a fundraiser? You know, this, this horrible thing happened, why are we raising money? I probably got a pretty simple answer that cancer treatment is expensive. That didn't sit right with me. And it really hasn't since.

So, I felt it was important for me to testify today, not just because of my personal feelings about our broken healthcare system, or I should say, health insurance system. But because in this broken system, I'm actually one of the lucky ones. I work in biotech. I developed genetic tests in an R&D lab, and I've had steady employment and what we call good insurance for about 13 years now. Even when I was laid off for three months, I was lucky enough to not lose coverage, although I did get to see the iPOP and costs associated with COBRA. And I've been relatively healthy. So, you've probably asked, why would I want to see an overhaul?

Well, going back to my work, you know, we do a lot of genetic testing related to cancer. And I've seen how much our personal health can rely basically on luck. A single molecular mutation can upend your life. And when that happens, the last thing you just have to worry about as whether a private company will decide your worth the cost of the best treatment available. And even if you're healthy, the bar for what we call good insurance seems to get lower every year. Every year in open enrollment, I have to make that decision. Do I stick with a

higher deductible plan? Do I pay more in premiums upfront? What's going to happen?

So, to go to this good insurance and friends and coworkers, I've seen, you know, over the years, $10 dollars copays turned into $50 dollars copays. I've seen a plan with no deductible turn into a plan with a $1500 dollars deductible. I've seen family members leave accidents with $5,000 dollars bills, $10,000 dollars bills. And I even have a co-worker who was joking for a while that she still owed money for her baby because she left the hospital with a payment plan for her firstborn child.

But still, I am one of the lucky ones. I ran for State Representative last year in my District here in East Haven. And I met a family that reminded me of that. Their insurance plan had a $16,000 dollars out of pocket maximum, through a health scare and a badly time accident the year before, they actually had to pay that on top of their premiums. I can't really comprehend how that is a reasonable amount of money for a working-class family to have to hand over on top of the premiums that they're paying to this private insurance company.

So, I support this Bill, because single payer health insurance, I think is the only honest way we're going to get out of this mess. And people like me who support this on a broad level, I do support a federal single payer change were realistic about our chances in Washington. There's so much --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes is up. Please summarize. Thank you.

DAVID YACCARINO JR: There's so much money lined up against it. But unlike in Washington, our legislative campaigns here in Connecticut are publicly financed. So, my feeling is if we can't get substantial reform done here, I'm not sure how we'll get it done anywhere. With that in mind. I

sincerely hope this Committee will support S.B. 1090. Thank you.

SENATOR MOORE (22ND): Thank you, Mr. Yaccarino. Are there any questions, Mr. Yaccarino? I don't see anyone's hand raised. So, I just want to thank you for taking the time during the day to come and talk to us and give your testimony. Have a good day.

DAVID YACCARINO JR: Thanks so much for having me. You too.

SENATOR MOORE (22ND): You're welcome. Number 22 is Rebeca Vergara Greeno. Hi, Rebeca.

REBECA VERGARA GREENO: Thank you for having me here. So hello, Senator Moore, Representative Ambercrombie and Members of the Human Services Committee. My name is Rebeca Vergara. I'm a student at the Yale School of Medicine. And I also Co-direct the Student-run Free Clinic out of Yale University called HAVEN and I'm here to stand in support of S.B. 1090.

And so, I'll be speaking mainly from the perspective of someone who's serving uninsured populations in New Haven. And for a variety of reasons, we see major gaps in our current system that I think this Bill is important to to explore.

And so, in our clinic, the largest barrier for coverages is legal status. many immigrants are barred from signing up for Medicaid, receiving subsidies in the marketplace. And, otherwise, the plans -- the health insurance plans, there are cost prohibitive. And we also have patients who make a little bit too much money for the income limits at FQHC.

So, a personal narrative of mine is a patient that we saw a couple of weeks ago. She had concern of postmenopausal bleeding. We did a study that was concerning for endometrial cancer. And so, the --

because our clinic was not equipped to handle that sort of care, we referred to her to a local FQHC. And she didn't qualify for a sliding scale, they told her that she would have to pay $350 dollars for the visit, and she just didn't go. And so that that is the kind of story that we see quite often, especially for those who are just barely over those income limits.

Other patients of ours we see that are self employed, or they work multiple jobs part time and don't qualify for their company's health insurance. Or simply, there's citizens who just don't qualify for Medicaid because and -- they don't -- aren't able to afford the plans on that -- on the marketplace, because they have too many expenses for them to pay for health insurance. And then lastly, we've just seen the incredible impact that a pandemic can have on health insurance, and many of our patients we've seen lose their jobs and, thus, their coverage, and, and living with them without any ability to pay for their care.

So, what we see is just as many people here today have said, a patchwork of solutions, at every step of the way, for every service and uninsured or uninsured -- underinsured patient needs, they have to go through another bureaucratic process, or are barred completely. And so, the consequences of this system is that people just delay their care until the point where it's an emergent situation, and that often ends in a large hospital bill, which many people cannot afford, and that cost is taken up by the hospital systems in the state government.

So, I send support of this Bill to explore the extent of this broken system and helping bring us one step closer to to a more equitable system. And I'm also here to advocate for very clear language in the Bill to study the impact of single-payer plan unrest all residents of Connecticut, regardless of immigration status. Immigrant communities have been systematic -- systematically excluded from most

state programs. And this Bill -- and This Bill is striving to assess how we can get to universal coverage, no person in the state of Connecticut should be excluded.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes is up. Please summarize. Thank you.

REBECA VERGARA GREENO: That was it. That was pretty much it. Thank you all for the opportunity to speak today. And I'm happy to take any questions.

SENATOR MOORE (22ND): Yes. Thank you, Rebeca, for your testimony. And I do see someone Representive Dathan.

REP. DATHAN (142ND): Thank you, Madam Chair. Welcome back. Rebeca, thank you so much for your testimony today. It's really insightful. I have -- was curious to see how many physicians and people in the medical profession coming out today in support of this, and I think you raise a lot of good points.

We've seen it in front of this Committee in previous years how people with relatively simple -- what could have been a simple office visit, because wasn't diagnosed, and the person didn't go to see the doctor even go to the emergency room, delayed the treatment only to cost, you know, several $100,000 dollars down the road. And it's really curious how much of that -- and I think a lot of people don't quite understand that we, taxpayers, you know, do pay for people who are uninsured. And the hospitals do have to cover the cost because of the Hippocratic oath to cover and to work with people. And I think, you know, that is -- it seems that gets forgotten.

In terms of studies that you might be familiar with, is there any thing that you could -- any data -- I'm a data person? So, I'd like to know if you are

familiar with any studies that really investigate the delaying cost of health care?

REBECA VERGARA GREENO: That's a great question. I can only speak from my personal experiences. I think there was a couple studies that came out from Yale a year or so ago about assessing single payer, but I think that was more at the national level, but it was from two researchers out of Yale University. So, I guess I would suggest that study but aside from that, I apologize. I don't really have That experience in the data aspect.

REP. DATHAN (142ND): That's more anecdotal. Yeah, and that's the -- a lot of the stories I've heard, you know, in front of this Committee and in front of other Committees, that it is only -- but I just do find it curious that, you know, so many medical professionals are supporting this, which makes me wonder, you know -- you know, why more states aren't doing this? What is it -- the true cost?

In terms of medication for it -- for people, do you also find in your practice that people avoid taking medication or titrating down medication or kind of reserving medication for other instances because they can't afford the cost of prescription drugs?

REBECA VERGARA GREENO: So yes, that would definitely be one of the top reasons why we send someone to the emergency department is because they were either hypertensive or diabetic patients, and they just didn't have continuous supply for that medication that they needed. And so, they come to us with, you know, blood sugar's up the roof, and so we have to send them to the emergency, that's the only option we can, just take care of them in the clinical setting.

So, yeah, that's definitely an experience, even despite, you know, 340B pricing and FQHC's and other community clinics, it's a lot of drugs are still cost prohibitive, and especially now during the

pandemic, when people can barely scrape together enough money for rent, we've seen the impact. We've actually had to take on paying for our patients' medication, so that's a significant portion of our clinics budget now, because of the pandemic.

REP. DATHAN (142ND): My dogs deciding to have their say they're very upset about the cost of prescription drugs as well.

REBECA VERGARA GREENO: I think the lack of data, I think that's the reason for this important Bill to be -- to move forward, so that way we can get more state specific data, regardless of what the outcome of that data says. There's a severe lack of data, I think, overall.

REP. DATHAN (142ND): Well, I'm hoping that your situation does improve with the insulin Bill that we did last year. And I will hope that, you know, that will help improve some of the outcomes that you have for your patients in your office. And I do hope that we can find some solutions to help with, you know, these other medication costs, because it is -- it is cost prohibitive. And it's the one thing I worry -- well, one of the things I worry about a lot when it comes to health care. Thank you so much for your testimony today, Rebeca, and thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. There is a hand up, Representive Arora.

REP. ARORA (151ST): Thank you, Madam Chair. So good to see you. And --

SENATOR MOORE (22ND): Thank you.

REP. ARORA (151ST): And thank you, Rebeca, for your testimony. I just wanted a couple of questions. Number one, what did you think about -- first of all, did you support ACA, also known as Obamacare? And did you think that it did anything, if at all,

to help the situation with the - with access or the challenges which we all face in which you see so often?

REBECA VERGARA GREENO: Yeah, my answers will likely not differ too much from Matt Meizlish's answers. I do think there's an incredible change in the healthcare system due to the ACA and and the improvement of what we expect from our health insurance.

It's no doubt that, you know, including people who have prior health conditions in the insurance pool, that's just the morally correct thing to do. And I used to work actually, as a health care navigator for the ACA. So, I saw a lot of people who had health conditions who desperately needed health insurance, and they were finally able to access care through that way. And prior to the ACA, mental health care was, you know, almost non-existent in health care plans.

So, there's definitely, you know, a slew of services that the ACA required that health insurance provide, and that has been an overall benefit. There's just still continuing to -- these gaps are still continuing to exist. And so, we just need to progress forward and find new solutions, not that we should necessarily throw out what we currently have but continue to progress forward.

REP. ARORA (151ST): Thanks, Rebeca. You know, the centerpiece of the the ACA, which costs really money, the other things were regulations, you know, kind of streamlining kind of what what could be covered or not was -- it was the creation of coverage or of making sure that nobody was left behind through either the exchanges or the -- or the expansions, right?

So, the exchanges which is what we really are -- you know, consider as one of the things which was done to cover everyone have had -- have had a problem

with costs, and have a problem that we heard that, you know, somebody was on HUSKY would, basically, as soon as they make enough money of -- above a limit. They have to buy insurance on ACA, and the ACA plans are just terrible. They're just terrible. And most people don't like them.

And if, you know, that currently pretty much everybody -- and for a moment, let's just keep the undocumented citizens aside, or documented, sorry, undocumented or do I how a good world -- undocumented -- folks who are undocumented aside, everybody has coverage, either you're covered through a HUSKY. And if you have over a certain limit, you're covered through ACA, but you have to pay something, and most folks do not want to pay something, then they wouldn't be -- they wouldn't be covered.

So, the question, which I really have for you is that with the ACA, which hat was supposed to cover holes, really did not -- did not -- this costs $500 billion dollars? And you're saying, well, really, the private market coverage helped, because we have to take pre-existing out, which is really good thing. And -- but we're saying is the $500 billion dollars, which we spend on as a country on covering those holes did help.

And so, what makes us feel that, you know, taking it in more government control? And I really appreciate, you know, you coming on, because, you know, I'm wondering why you don't -- you know, economists from your side do not come on from Yale, it's only the healthcare people who come on, so I really wondered that. But, you know, again, to the question that why is it that is -- despite that fact, that, you know, the Obama or the ACA has been created, that we still do not have that coverage or acceptance?

SENATOR MOORE (22ND): Representative Arora, this is Senator Moore, I don't know what that question has

to do with setting up a Commission to look at single payer.

REP. ARORA (151ST): Because the single payer is going to kill Obamacare or ACA, it is basically replacing ACA. I do not want something which creates -- which killed something which was supposed to solve the problem. It is -- it is what you're trying to do is, is set up a Commission to kill the single most important -- actually your site agenda in the last two decades. And I do not -- I [crosstalk].

SENATOR MOORE (22ND): And so, what do you -- what do you refer to my side agenda, what does that mean? Representative Arora, from what is my side agenda mean?

REP. ARORA (151ST): Meaning the party -- your party side, and in some side. You know, I'm just referring to the fact that, as conservatives, we have really wanted to change the competitive market system.

Whereas, you know, as you say -- as you -- as the history tells us, there was a lot of opposition from -- on federal -- on the federal level, not on the state, obviously, it wasn't a state program. So, what we're saying is why do we not want to kill that with a statewide mandate or --

SENATOR MOORE (22ND): I don't -- I don't think that's -- there's a question there. And I don't think you should generate generalize as to my side, and because you don't know where I've been for the last 20 years, or any of these other people. So, I would -- I -- and speaks directly to the question. But also, be very specific in your question. And I don't think Rebeca should be held accountable for where are the economists versus the people who see the patients. I mean, everybody has an opportunity to come on here. You could have asked the economist to come on and give that piece also. So, I --

REP. ARORA (151ST): It's a comment --

SENATOR MOORE (22ND): So, I don't think it's for Rebeca to explain about the economy --

REP. ARORA (151ST): No.

SENATOR MOORE (22ND): Or the Affordable Care Act. She gave her point of view, and her testimony as to why she believes this should be done. And I think that, in all fairness, should be the question that you ask related to this Bill.

REP. CASE (63RD): Excuse me, Madam Chair, but there's a lot of questions earlier on that were going against the federal level that were brought up by people who were testifying.

SENATOR MOORE (22ND): All right. We'll --

REP. CASE (63RD): So, I'm just saying it's a proper question that he had. But if you are the Chair, you can rule, but there was a lot of questions you can have --

SENATOR MOORE (22ND): But I don't know -- I don't want the person giving the testimony to be on the spot for that. That's what I don't want. That was not her expertise. She came in and spoke as a community person working in the community setting, right? That was her expertise, not the other. I couldn't even tell you that -- I couldn't even respond to the question that you've asked. So, Rebeca you say -- could we say --

REP. ARORA (151ST): Madam, Madam Chair.

SENATOR MOORE (22ND): I don't know.

REP. ARORA (151ST): Yes, Madam Chair, I'm not -- I'm not asking putting her in a spot in that sense. Because you have to realize that for all -- most of

us, we are thinking on our feet as well. We haven't had the time. So, some of the comments and the questions are interlaced, and that's for every single to -- you know, for many of us on -- again, you don't want me to use from both sides for many of the Members of this Committee is, you know, these comments and questions are interlaced because we are thinking on our feet as well.

It's -- and its a -- it's a -- it's not that easy there because we have extremely intelligent people testifying and giving us ideas and challenging some of the assumptions, we may have, which is the beauty of this process and that's why it works very well.

SENATOR MOORE (22ND): Well, what do you have anything else you'd like to ask, Representative Arora?

REP. ARORA (151ST): Yes, I was about to conclude when you suggested that you know that this --

SENATOR MOORE (22ND): Well, you can ask her the question, sir.

REP. ARORA (151ST): Pardon me?

SENATOR MOORE (22ND): You can ask her the question.

REP. ARORA (151ST): Okay. Thank you, thank you, Madam Chair. I really appreciate the opportunity. If you get off to conclude and to gather my train of thoughts here, you do believe that -- would you think that reforming the system as it exists is not a -- is not is not a good alternative to do what -- to a single payer?

REBECA VERGARA GREENO: I think that the purpose of this Bill is to find more information and to do studies on to what is the best model that should -- that the state should go forward. And I don't think having more information is detrimental to that cause, so that is why I'm in support of this Bill.

It's not necessarily an -- and it's -- if we're seeing a coverage, that would be more expensive than the ACA, I don't think destroy -- , and this is a Bill that would necessarily destroy the ACTA, it would just expand on the coverage that already exists in a different form.

And you can certainly -- you know that the arguments that you come up with, you know, throughout this entire public testimony I think those are really important points. But I think, you know, the purpose of this condition, would be to explore those points more, and to ensure that we're not just using -- it -- we're using our personal experiences, of course, but also seeing how the data reflects those personal experiences as well, so that's how I see the purpose of this Bill and the purpose of this Commission, and that's why I'm in support.

SENATOR MOORE (22ND): Thank you, Rebeca.

REP. ARORA (151ST): Appreciate that, Rebeca. Thank you very much. Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. Any other questions? Seeing none, thank you, Rebeca. That was the last person that we had on the list, unless Meghana has come on. Is Meghana here?

HEATHER FERGUSON-HULL: I don't see anybody else, Senator Moore.

SENATOR MOORE (22ND): All right. Seeing no others, I'm going to end the meeting.