

Insurance and Real Estate Committee

SENATE FAVORABLE REPORT

Bill No.: SB-201

AN ACT ESTABLISHING A TASK FORCE TO STUDY HEALTH INSURANCE

Title: AND HEALTH CARE INEQUITY IN THIS STATE.

Vote Date: 3/10/2020

Vote Action: Joint Favorable Substitute

PH Date: 2/25/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will establish a task force to study health insurance and health care inequity in this state.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Senator Len Fasano, 34th District, Senate Republican Leader feels Senate Bill No. 201 is a concept Sen. Kelly has advocated for to establish a task force to study health insurance and health care inequity in this state. The Connecticut Health Foundation released a study¹ this year that found that babies born to black mothers are more than four times as likely to die before their first birthday as babies born to white mothers in Connecticut. The study also found that black residents are nearly four times as likely as white residents to have a diabetes-related lower-extremity amputation, and more than twice as likely to die from diabetes. According to the study, black men are nearly twice as likely to die from prostate cancer as white men. Connecticut Voices for Children also released a study² this year that found Black and Latino residents are more likely than white residents to be uninsured, to die before reaching adulthood and to report being in poor health. According to research from the Centers for Disease Control and Prevention (CDC)³, Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy related causes than white women – and this disparity increases with age.

In order to develop the most effective solutions we need to better understand the issue including where and why problems exist. This proposed bill would initiate more research into health equity in Connecticut specifically to improve health outcomes for all people. A taskforce will be able to more closely study if and how better data collection and reporting can lead to more informed policy decisions and what those policy concepts might include.

Pareesa Charmchi Goodwin, MPH, Executive Director , CT Oral Health Initiative

We respectfully request oral health be included in the established task force's study of coverage and care inequities, specifically because dental coverage is distinct from health coverage in our system. If the task force is to make our understanding of inequity more complete and build towards solutions that address inequities and improve outcomes, it is crucial to include oral health. We suggest the following language.

1 Section 1. (Effective from passage) (a) There is established a task force
2 to study inequity in the provision of health and dental insurance coverage and
3 health and oral health care services in this state. Such study shall include, but need not
4 be limited to, identifying any means available to promote equity in the
5 provision of health and dental insurance coverage and health and oral health care services
in this
6 state

Connecticut Hospital Association feels the task force to study health insurance and health equity in Connecticut, which would be established by SB 201, is consistent with the work of CHA, its members and community partners, and will be helpful with efforts to improve healthcare coverage and equity in the state.

Karen Siegel, MPH Policy Health Equity Solutions Health equity is a principle, a practice, and a way of being that allows everyone to attain their optimal health regardless of race, ethnicity, or socioeconomic status. S.B. 201 has the potential to promote health equity by establishing a task force to study the means by which Connecticut can improve equity in health insurance and health care services in the state. Health disparities are the inequities within specific populations regarding disease incidence, prevalence, morbidity, and mortality, and many other conditions that influence health.¹ We support this effort to examine feasible solutions to inequity in access to health care in Connecticut. We would urge the committee to require this task force to consider the significant depth of research already undertaken in the state on this issue by academic and policy experts.² Further, we would strongly urge the committee to include and seek input from consumer representatives from diverse communities and backgrounds to ensure that the findings of the task force truly meet the needs of those who are currently underserved. We respectfully suggest including at least three consumer representatives on this task force and requiring that consumer representatives be equal partners in number and influence to provider and industry representatives. We further encourage the committee to require the task force to seek input from a wider group of Connecticut residents who experience health disparities. The barriers to health insurance and health care vary by socioeconomic status, health status, and race/ethnicity. Therefore, the task force should consult with individuals from diverse communities of color, the LGBTQ community, Medicaid enrollees, Qualified Health Plan enrollees, and individuals living with disabilities.

Alison Weir, Greater Hartford Legal Aid Connecticut is one of the most affluent states in the country and ranks highly on national measures of health, but we have significant

disparities in health care access and outcomes across the ethnic, racial, and other population groups that contribute to the diversity of Connecticut's population. The state took a first step in addressing these disparities with the establishment of the Office of Health Equity in the Department of Public Health, but it is clear the time has come to do more. Data collection is uneven, but what data have been collected depict troubling disparities. For example, infant mortality among black and Latinx residents is three and two times higher respectively than among white residents, and black residents are twice as likely to die from diabetes as white residents. A task force could focus attention on the issue and study the most effective ways to collect the necessary data to fully understand the sources of the disparities and identify how best to eliminate disparities and ensure that Connecticut is a healthy place to live for all our residents.

NATURE AND SOURCES OF OPPOSITION:

Brynna Blackston, CT Association of Health Plans feels given the potential for study bills to be further amended with substantive language and request an opportunity for continued dialogue.

Reported by: Diane Kubeck

Date: April 15, 2020