

Testimony of Sara LeMaster, MPAP

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SB 1—Support
March 17, 2021

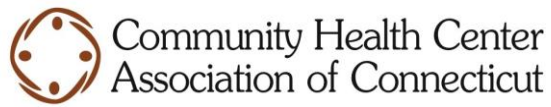
Distinguished members of the Public health committee:

Thank you for raising Senate Bill 1. I'm here today to testify on behalf of the Community Health Center Association of Connecticut and the 17 health centers operating in the state. Our health centers collectively serve over 400,000 residents every year, and specialize in providing care for traditionally underserved communities. Health centers do not turn people away based on their ability to pay for services. Twenty-one percent of health center patients identify as Black, and 49% identify as Hispanic or Latino. A majority (61% of health center patients) receive Medicaid benefits.

I'm immensely proud of the work that CHCACT and our health centers have done in responding to the COVID-19 public health emergency. At the start of this crisis, CHCACT acquired and distributed millions of units of PPE including N-95 masks, gowns, hand sanitizer, and other equipment to keep health center staff and patients safe. Our health centers have not only been flexible in restructuring the way that they provide care to their patients, but have also been a vital part of Connecticut's public health safety net. They have provided over 220,000 COVID-19 tests to Connecticut's communities since April of 2020, and have worked closely with the state to vaccinate thousands of state residents. This has been a long and arduous year, however my hope is that we have crested the hill and will begin to build back better.

This bill is an important and vital step in addressing the racial and ethnic disparities highlighted by the COVID-19 pandemic. While this policy is long overdue, we commend the committee in raising this and committing to doing the important work of making our public health policies more equitable and inclusive. This bill not only identifies and articulates the scope of the impact of racial disparities on our public health system, but also sets in motion the process to begin identifying and examining the aspects of our policy and government that need to change in order to realize a shared vision of equitable access to health care.

Section 5 of this bill creates an Office of Public Health Preparedness and Response, which is a necessary improvement to the state's public health infrastructure. At the beginning of the public health emergency, we surveyed our health centers and found that many of them had Personal Protective Equipment in their reserves that was dated or expired. While some of this equipment was still useable, much of the elastic on N95 and surgical masks had deteriorated, and other expired equipment had also experienced similar effects of age. Much of the equipment in state and national stockpiles was also dated and expired. Health centers made do with what they had, and many providers tied or taped on masks to limit the possibility of exposure, but this was not a safe or advised practice. Connecticut wasn't prepared during the initial phase of the pandemic. This lack of preparedness led to significant interruptions in the PPE supply chain, which put added stress and strain on health centers, their providers, and their patients. This section represents a crucial and necessary step in addressing and learning from our past.



Sections 6 and 7 of this bill codify that Connecticut recognizes racism as a public health crisis and establish the policy framework to examine the scope and breadth of racism in our public health system. This is an uncomfortable but necessary truth to acknowledge, and these sections represent vital steps in addressing, working through, and eventually moving beyond the inequities in our public health system. Connecticut's health centers have been on the front lines in identifying and addressing health disparities in communities of color, and they are respected as a trusted resource for individuals who experience barriers to accessing health care. As section 7 outlines and establishes the Truth and Reconciliation Commission, which is charged with articulating and identifying the aspects of state and local policy that need to change in order to improve health equity and health outcomes for communities of color. As mentioned earlier, most health center patients receive HUSKY benefits. It is important that this commission discuss the scope of insurance coverage for these communities, particularly the state's HUSKY program and how reducing barriers to care within this program will promote health equity and reduce racial and ethnic disparities.

Thank you for being brave enough to raise this bill and taking a vital step in prioritizing health equity.