



March 3rd, 2021

Re: Black and Brown United In Action Testimony for HB. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth 2023 and Making Appropriations

Dear Senator Osten, Representative Walker, Senator Hartley, Representative Dathan and members of the Appropriations Committee,

We are Black and Brown United In Action, a grassroots organization located in New Haven, Connecticut and are testifying in regarding the Governor's Proposed FY 2022-2023 Budget for Human Services, specifically for HB. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth 2023 and Making Appropriations.

The HUSKY Health Insurance Program is one of the most important programs for children and families to get and sustain essential health care coverage for their families. Racial and ethnic disparities in health insurance coverage rates account for a sizable share of the difference in access to health care. African American and Hispanic individuals in the United States are more likely to be uninsured throughout adulthood than non-Hispanic individuals. Without insurance, people face considerable barriers in receiving health services. Many health care providers require insurance coverage from their patients or charge a prohibitively high fee.

A life-table approach allows insurance coverage to be examined as a function of a population's rates of insurance gain and loss. This methodology of examining the uninsured stems from research on persistence of spells of poverty and unemployment. Similarly to poverty and unemployment, a person's insurance status or a change in status is not permanent. A simple cross-sectional snapshot of the uninsured cannot adequately capture people who are likely to experience short spells with no coverage. Point-in-time estimates of the uninsured are also over-represented by the proportion that has been uninsured for a long time and masks the true heterogeneity of the group.

When researchers began to examine poverty as a dynamic process, scholarly understanding of who experienced poverty changed. The perception of the persistent "underclass" popularized by poverty debates in the 1960s gave way to new research in the 1970s and 1980s that showed the dynamic and heterogeneous nature of falling into and out of poverty. People from various socioeconomic backgrounds experienced poverty often coinciding with life events such as the birth of a child, starting a new household, job loss, and divorce.

Young adults, individuals with less education, the unemployed, and the unmarried have higher rates of losing health insurance. Trigger events such as losing employment, changing jobs, losing a spouse are also connected to insurance loss. Once an individual loses health insurance the person's demographic and socioeconomic characteristics also determine how quickly they will regain coverage. Individuals with higher income, full-time employment, and greater educational attainment have higher rates of gaining insurance which result in shorter spells without insurance.

The COVID-19 pandemic has shocked the Connecticut healthcare system. With the highest unemployment rates since the Great Depression, millions of Americans have lost employer-sponsored health insurance. Since the beginning of the pandemic, visits to primary care physicians and outpatient specialists have declined, and many hospitals have postponed or cancelled elective procedures. Meanwhile, some hospitals have seen a surge in patients and have had to expand capacity and purchase expensive personal protective equipment. These trends have compounded problems in this fragmented Connecticut healthcare system that has persistent gaps in access to affordable coverage and care, especially for people of color. In addition to the current impacts

on coverage and utilization, the pandemic is likely to have long-term effects on the cost, quality, and access to care within Connecticut. COVID-19 legislation has attempted to address the short-term negative impacts on patients and providers; however, the legislative provisions are temporary and do not fully address the long-term impact COVID-19 is likely to have on the Connecticut population and health care system.

Restore eligibility limits for parents or HUSKY A to 201% of the Federal Poverty Level (FPL)

After cuts in 2015, more than 11,200 parents lost coverage in Connecticut. Currently, parents are eligible up to \$3,5100/year or \$16/hour for a household of 3 with one adult working full time. Restoring eligibility for HUSKY A to 201% FPL infers that one working adult could earn up to \$44,000/year or \$21/hr. When parents are insured, kids are more likely to be insured and see a doctor, which is a significant impact of this coverage

Increase eligibility limits for adults without dependents or HUSKY D to 201% FPL

As it is right now in Connecticut, an adult in a 1-person household is eligible for HUSKY when earning up to \$17,774/year; if working full time, that would mean making \$8/hour, which is less than minimum wage. By increasing eligibility to 200% of the federal poverty level for HUSKY D an adult could be eligible for coverage when earning up to \$25,700/year or \$12/hour.

Increase access to HUSKY to include all income-eligible immigrants regardless of their status

Some immigrants who resided in Connecticut for less than 5 years are not eligible for HUSKY health programs and individuals without documents cannot enroll in HUSKY at all and are almost entirely unable to purchase insurance on the Access Health CT (state health insurance exchange). From mid-March 2020 through the start of May, as COVID-19 spread across the United States, many Connecticut workers lost their jobs, which impacted the immigrant community severely with unemployment rising faster in their communities as opposed to citizens. Rapid job loss is leading to steep declines in employer-provided health insurance coverage, which in turn has increased reliance on publicly funded health care for screening and treatment for the virus. Yet many immigrants who have not become U.S. citizens do not qualify for Medicaid, the main public health insurance program for low-income people, because of eligibility restrictions related to immigration status.

As previously stated the cost of purchasing insurance on Access Health Connecticut is unaffordable to residents in this income range. Black and Brown United in Action urges you to review HB. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth 2023 and Making Appropriations and amend State Budget budget to restore and increase HUSKY A and D eligibility limits to 201% FPL so that lower income adults can access quality, affordable health care, increase access to HUSKY programs for all income-eligible immigrants, remove the asset test added to the Medicaid Savings Program and restore cost of living increases for Connecticut's lowest income residents.

Sincerely,

Black and Brown United in Action