

**Amanda Skinner, MSN, MBA
President and CEO**

**Testimony of Planned Parenthood of Southern New England
Governor's Proposed 2022-2023 Budget for Human Services
*H.B. No. 6439 An Act Concerning the State Budget for the Biennium Ending
June Thirtieth, 2023, and Making Appropriations Therefor*
March 3, 2021**

Senator Osten, Representative Walker and honorable members of the Appropriations Committee, my name is Amanda Skinner, President and CEO of Planned Parenthood of Southern New England (PPSNE) testifying regarding the Human Services budget of *House Bill 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor*. As the state's largest provider of family planning and sexual and reproductive health care to nearly 62,000 patients last year at 14 health centers across the state, Planned Parenthood believes all people should have access to quality, affordable health care — regardless of who you are, where you live, your income or if you have health insurance. Planned Parenthood is compelled to speak out about the importance of the Medicaid program to our patients, nearly half who are enrolled in the HUSKY health program, and as a member of the Medicaid Strategy Group, a coalition of Connecticut Medicaid advocates.

We are in a health care crisis and as COVID-19 continues to impact our communities we can all agree that people need more access to health care. It's time to expand access to public health insurance options and prioritize the needs of those most impacted by the crisis, especially Black and Indigenous women, and other women of color. **We fully support expanding eligibility for our state Medicaid program, including HUSKY A and HUSKY D to 201% of the federal poverty level so that more working-class families can access care and regardless of immigration status.**

Medicaid is an integral part of our nation's and state's health care system and essential source of health care for women, and without it, too many people—including a disproportionate number of women of color—would be forced to forgo receiving basic health care, including family planning and maternity care. In fact, one in five women of reproductive age in our country are insured through Medicaid. Medicaid eligibility expansion has transformed how pregnancy-related care is paid for in this country, enabling women with low incomes to begin prenatal care as early in pregnancy as possible in order to improve their chances of having a healthy pregnancy and healthy baby.

The HUSKY health program is one of the most important programs for children and families to get and sustain essential health care coverage for their families in our state. Connecticut's Medicaid program now efficiently provides essential healthcare and benefits to approximately 800,000 CT residents, about 1 in 5 CT residents -- including low income seniors, children, parents, people with disabilities and other adults.

The fact that our state has been experiencing unprecedented declines in the rates of teen birth, and decreases in abortion across all age groups is thanks in large part to the improved access to family planning and birth control that was embedded in the Affordable Care Act, including expanding Medicaid eligibility. The public investment in family planning programs and providers not only helps people avoid unintended pregnancy but also helps thousands avoid cervical cancer, HIV and other sexually transmitted infections, infertility and preterm and low birth weight births. In 2016, Connecticut women who obtained publicly supported contraceptives care and supplies from Title X providers were able to postpone or avoid 7,420 unintended pregnancies and 2,510 abortions.ⁱ The investment of each public dollar in family planning saves \$7.09 within a yearⁱⁱ and has long-term cost savings to our state because of the 90/10 federal reimbursement match.

HUSKY A and D

Growing inequity in access to health care for residents of our state and barriers they face to health care coverage must be addressed in our state budget. We urge the committee to consider restoring eligibility rates for parents in HUSKY A to 201% of the federal poverty level (\$43,000 for a family of three). In 2016, cuts to the program resulted in over 11,200 parents losing their health insurance. There are no affordable health insurance options for adults in this income range. The total out-of-pocket costs for purchasing coverage on Access Health with cost-sharing subsidies can be over 15% of a family's annual income. Now is the time to restore health insurance coverage to working parents. It

is also time to increase the eligibility limit for adults without dependents or HUSKY D to 201% FPL, so people won't lose Medicaid eligibility as the minimum wage increases to \$12/hour.

HUSKY for Immigrants

We also urge the committee to consider addressing the coverage gap by incorporating solutions to expanding health care coverage for immigrants in our state. A key factor preventing access to health care coverage for immigrants are eligibility restrictions both private and public insurance programs have. Under HUSKY, only "qualified immigrants" are eligible and forces lawful permanent residents, such as green card holders, to wait five years before being able to benefit from HUSKY. Additionally, in the private market insurers often require a social security number with the application or proof of citizenship. Altogether, these barriers continue to prevent both lawfully present residents and undocumented individuals from accessing health care coverage.

Needed Medicaid Rate Increase

As a health care provider we respectfully ask the Department of Social Services to consider a reimbursement rate increase. Our Medicaid reimbursement rates have not increased since 2009 and present a pressing sustainability issue for PPSNE and the patients we serve. Preventive health care is a smart investment and lowers health care costs long term. Medicaid reimbursement for family planning services offers a path towards putting more resources into preventive health care. This crucial investment in the short-term will have long-term public health benefits as is evidenced in the data. Therefore, we respectfully ask the Department of Social Services to consider a reimbursement rate increase. The rates on the family planning fee schedule for an exam for new and returning patients are, on average, nearly 50% below the OB/GYN fee schedule. Some of midlevel clinicians who work at PPSNE also work in private offices. The services provided by these same staff in that private office at 90% of the OBGYN rates would be more than one and a half times what they would be paid at PPSNE for doing the exact same thing. We are asking for an increase in these rates to match the OB/GYN schedule. Medicaid reimbursements covered 83% of associated visit costs in December 2017; that decreased to 79% by September 2020. The majority of these services qualify for the federal government 90/10 match rates and this is a smart state investment.

Planned Parenthood believes all people should have access to quality, affordable health care — regardless of income, insurance, or immigration status. This crisis will increase the need for publicly funded family planning dollars for the most vulnerable populations in our state—the same populations that PPSNE serves—including people with low income, people of color, the immigrant and undocumented communities and LGBTQ+ people. Planned Parenthood is proud to offer quality sexual and reproductive health care services to tens of thousands of people each year, including people covered through Medicaid. Medicaid coverage must be expanded, not limited, especially with the continued public health crisis and impact COVID-19 has had on the most vulnerable people in our state. All people need and deserve equal access to comprehensive health care, including sexual and reproductive health care as their basic human right, and we urge the Committee and administration to strengthen the HUSKY health insurance program by increasing eligibility to residents in our state.

ⁱ <https://data.guttmacher.org/states/table?state=CT&topics=92+93+94+96+97+98+114+113&dataset=data>

ⁱⁱ <https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US>