CONNECTICUT VOICES FOR CHILDREN

20 YEARS OF ADVANCING OPPORTUNITIES FOR CHILDREN AND FAMILIES

Testimony Regarding H.B. 6175: An Act Concerning A Strategic Plan to Ensure Continued Access to Affordable and Comprehensive Healthcare Coverage

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Senator Larson, Senator Kelly, Representative Scanlon, Representative Sampson, and members of the Insurance and Real Estate Committee:

I am submitting this testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential.

We appreciate that the goal of this proposed legislation is to develop a plan if the worst happens and the Affordable Care Act is repealed in its entirety, likely leaving tens of millions of Americans and hundreds of thousands of Connecticut residents without affordable and quality health coverage. In light of our longstanding research and advocacy efforts to improving coverage and access to health care for low-income children and families, we provide the following as context for the plan envisioned by this legislation.

The nationwide impact of the Affordable Care Act is clear from recent survey results that show that the number and percent of uninsured persons in the US has declined since 2013. The Gallup-Healthways Well-Being Index survey, conducted in the fourth quarter of 2016, showed that the uninsured rate was just below 11 percent, down from nearly 12 percent in the fourth quarter of 2015 and just over 17 percent in late 2013.[1] This rate is the lowest since the Gallup survey on health care coverage began in 2008.

Connecticut – home to one of the lowest uninsured rates among adults and children in the nation – experienced another drop in the uninsured rate, from 6.9 percent in 2014 to 6 percent in 2015. Just 8 states and the District of Columbia have lower uninsured rates than Connecticut. Although the rates of uninsured have dropped for black and Hispanic state residents (8.9 percent and 15.1 percent, respectively), they still have significantly higher rates of un-insurance than white residents (4.5 percent). Our uninsured rate for children remains low at 3.3 percent.[2]

Although the above data demonstrate that Connecticut has been in the forefront of reducing the rate of un-insurance, other data should give the Committee pause. This legislature already made the difficult decision to rollback HUSKY eligibility for parents in 2015 from 201% of the federal poverty level (FPL) to 155% FPL as a result of state budgetary pressures. After the Department of Social Services did a review of the 18,000 parents initially identified as having income above 155% FPL, about 8,000 (42 percent) were no longer on Medicaid and did not take up commercial coverage through Access Health CT.[3] The expectation had been that these low-income parents would purchase subsidized coverage through Access Health CT but at this income-level many families cannot afford the premiums and other out of pocket costs even with the federal subsidies. Only 16 percent of the 18,000 affected parents purchased coverage on the state-based exchange. We have no

data on whether any eligible children inadvertently lost coverage or whether the parents' loss of health coverage otherwise negatively impacted the children in the family.

This body will face much greater challenges in ensuring that Connecticut families remain insured if the Affordable Care Act is repealed, if Medicaid is transformed into a block grant, and if the funding for the Children's Health Insurance Program (CHIP) lapses at the end of this federal fiscal year. Almost 300,000 children are insured through HUSKY (Medicaid and CHIP) in Connecticut. Connecticut receives between 50 cents and 88 cents on the dollar to cover these children.

The ACA has not only provided peace of mind and protection from catastrophic medical debt[4] for many families but also enabled children and families to get regular check-ups, immunizations and treatment for acute and chronic health conditions, including treatment for mental health and substance use disorders.[5] A recent study found, for example that "mothers [who] gained eligibility for prenatal coverage decades ago under Medicaid have lower rates of obesity as adults and fewer hospitalizations related to endocrine, nutritional and metabolic diseases, and immunity disorders as adults." [6]

We look forward to working with the General Assembly to develop a plan that seeks to protect access to health coverage and quality health care for low-income children and families in our state.

Thank you for this opportunity to submit testimony regarding H.B.6175.

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[2] Thomas, D. and Noonan, R., American Community Survey 2015: Connecticut Residents See Income and Health Insurance Gains, But Child Poverty Remains High, Connecticut Voices for Children, September 2016. Available at: http://www.ctvoices.org/sites/default/files/2016%20ACS%20Brief%20Final.pdf

[3] Department of Social Services, HUSKY A Transition, Presentation to the Council on Medicaid Assistance Program Oversight, December 9, 2017. Available at: https://www.cga.ct.gov/med/council/2016/1209/20161209ATTACH_HUSKY%20A%20Transitions%20Presentation.pdf

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[5] French MT, Homer J, Gumus G, and Hickling L. "Key Provisions in the Patient Protection and Affordable Care Act (ACA): A Systematic Review and Presentation of Early Research Findings." 2016. *Health Services Research*. Available at http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12511/abstract

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