



**Testimony Opposing H.B. 5207: An Act Expanding Health Insurance Products Available in This State**

**Testimony Supporting H.B. 5210: An Act Mandating Insurance Coverage of Essential Health Benefits and Expanding Mandated Health Benefits for Women, Children and Adolescents**

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

My name is Karen Siegel, and I am submitting 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. Thank you for providing this opportunity to voice our opposition to H.B. 5207 and our support of H.B. 5210.

Connecticut Voices for Children is interested in these bills in part because we coordinate the Covering Connecticut's Kids & Families (CCKF) project. For well over a decade CCKF has brought together state health insurance programs like HUSKY and the Access Health CT insurance exchange with health and social services community partners to share information to improve health coverage and access to care.

**H.B. 5207: An Act Expanding Health Insurance Products Available in This State**

The current language proposed for H.B. 5207 allows insurers to issue health insurance policies that do not meet the criteria set forth in chapter 700c of the general statutes.

Connecticut Voices for Children is concerned that, depending on how insurance providers and regulators interpret the final legislative language, it is possible that this act will result in short-term health insurance plans becoming available in Connecticut. Short-term plans are not subject to federal requirements and often offer minimal coverage and few consumer protections.<sup>1</sup> Should the federal government repeal or significantly alter the Affordable Care Act (ACA), this legislation could result in insurers offering longer-term insurance options that do not comply with ACA or state-mandated protections. Should they become available, these plans could be harmful to low-income families.

The intention of such options is to offer lower premiums. In practice, such plans offer little or no coverage for families who must be able to afford high co-pays and deductibles to access treatment or medications. These plans may also include caps on coverage costs or require participants to pay higher premiums due to their age or health status.<sup>2</sup> The Urban Institute projects that such plans would result in a significant decrease in the number of families in Connecticut with minimum essential coverage and an increase in average premiums.<sup>3</sup>

This is particularly alarming in the context of two recent reductions in income eligibility limits for HUSKY A parents. These parents and caregivers who are no longer eligible for Medicaid are unlikely to be able to afford any insurance coverage, even when accounting for subsidies for lower income families.<sup>4,5</sup> Should poor-quality health insurance plans become available, families risk paying premiums and still being unable to access care due to the high cost-sharing and poor benefits of these plans.

Connecticut has achieved low rates of uninsured adults and children with protections to ensure that insurance coverage is meaningful and useful. Prior to federal protections for essential health benefits, 34 percent of enrollees had no coverage for substance abuse services, 18 percent had no coverage for mental health services, and 62 percent had no coverage for maternity services.<sup>6</sup> Expanding insurance options to allow insurers to cover fewer services will limit access to vital health services, rendering insurance coverage less meaningful.

### **H.B. 5210: An Act Mandating Insurance Coverage of Essential Health Benefits and Expanding Mandated Health Benefits for Women, Children and Adolescents**

H.B. 5210 seeks to codify, at a state level, the essential health benefits that health insurance plans must cover, including vital preventive services for women and children.

We strongly support codifying essential health benefits to ensure that, in the event of further erosion or even repeal of the Affordable Care Act, health insurance coverage equates to health care access.

Reduced income eligibility limits for parents and caregivers enrolled in HUSKY A, our state Medicaid program for children and families, will require thousands of parents to enter the state's health insurance exchange if they are to remain insured. As a result, it is more important than ever to ensure that coverage through the state's Access Health CT exchange remains robust and truly boosts access to care.

While only a minority of parents impacted by cuts to the HUSKY A program will be able to afford coverage through Access Health CT, it is crucial that this option remain robust.<sup>7</sup> The alternative is poor access to care for these parents along with others in the state who do not benefit from employer-based health insurance. Participants in plans that do not include essential benefits as delineated in this legislation, bear the financial risk of ill health on their own, despite paying premiums for health insurance.<sup>8</sup>

As noted above, prior to federal protections most non-group health plans did not cover many of these essential benefits.<sup>9</sup> Specifically, 62 percent of enrollees had no coverage for maternity services.<sup>10</sup> Further, 20 percent of women put off preventive care to avoid out-of-pocket costs before insurers were required to cover these services.<sup>11</sup>

The protections for women’s access to preventive care, maternity care, and breastfeeding support are particularly important to children and families because they ensure that all women insured by plans subject to state law have the opportunity to receive preventive care that improves the health of both women and their children. Meaningful access to preventive care for women before, during, and after pregnancy has life-long benefits for children born to mothers who are enrolled in health coverage.<sup>12, 13</sup>

This act will ensure that health insurance plans subject to state law remain robust and meaningful even if federal protections such as the Affordable Care Act are changed or repealed.

Thank you for the opportunity to submit this written testimony opposing HB 5207 in support of HB 5210. I can be reached with any questions at [ksiegel@ctvoices.org](mailto:ksiegel@ctvoices.org) or at 203-498-4240, ext. 120.

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<sup>1</sup> Urban Institute. (2018) “The Potential Impact of Short-Term Limited Duration Policies on Insurance Coverage, Premiums, and Federal Spending.” Retrieved from:

[https://www.urban.org/sites/default/files/publication/96781/2001727\\_0.pdf](https://www.urban.org/sites/default/files/publication/96781/2001727_0.pdf)

<sup>2</sup> Kaiser Family Foundation. (2018) “Understanding Short-Term Limited Duration Health Insurance.” Retrieved from: <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

<sup>3</sup> Urban Institute. (2018) “The Potential Impact of Short-Term Limited Duration Policies on Insurance Coverage, Premiums, and Federal Spending.” Retrieved from:

[https://www.urban.org/sites/default/files/publication/96781/2001727\\_0.pdf](https://www.urban.org/sites/default/files/publication/96781/2001727_0.pdf)

<sup>4</sup> Connecticut Voices for Children. (2018). “HUSKY A for Parents and Caregivers: Restoring Health Coverage for Families.” Retrieved from: <http://www.ctvoices.org/sites/default/files/Husky%20coverage%20fact%20sheet.pdf>

<sup>5</sup> Connecticut Voices for Children. (2016). “HUSKY Program Coverage for Parents: Most Families Will Feel the Full Impact of Income Eligibility Cut Later in 2016.” Retrieved from:

<http://www.ctvoices.org/sites/default/files/h16HUSKYIncomeEligibilityCut.pdf>

<sup>6</sup> Department of Health and Human Services. (2011). “Essential Health Benefits: Individual Market Coverage.” Retrieved from: <https://aspe.hhs.gov/system/files/pdf/76356/ib.pdf>

<sup>7</sup> Approximately 20% of parents who lost coverage as a result of 2015 changes to income eligibility purchased a qualified health plan. See: Connecticut Voices for Children. (2018). “HUSKY A for Parents and Caregivers: Restoring Health Coverage for Families.” Retrieved from:

<http://www.ctvoices.org/sites/default/files/Husky%20coverage%20fact%20sheet.pdf>

<sup>8</sup> The Commonwealth Fund. (2017). “Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers.” Retrieved from: <http://www.commonwealthfund.org/publications/blog/2017/mar/eliminating-essential-health-benefits-financial-risk-consumers>

<sup>9</sup> Kaiser Family Foundation. (2017). “Analysis: Before ACA Benefits Rules, Care for Maternity, Mental Health, Substance Abuse Most Often Uncovered by Non-Group Health Plans.” Retrieved from: <https://www.kff.org/health-reform/press-release/analysis-before-aca-benefits-rules-care-for-maternity-mental-health-substance-abuse-most-often-uncovered-by-non-group-health-plans/>

<sup>10</sup> Department of Health and Human Services. (2011). “Essential Health Benefits: Individual Market Coverage.” Retrieved from: <https://aspe.hhs.gov/system/files/pdf/76356/ib.pdf>

<sup>11</sup> Kaiser Family Foundation. (2016) “Preventive Services for Women Covered by Private Health Plans Under the ACA.” Retrieved from: <https://www.kff.org/womens-health-policy/fact-sheet/preventive-services-for-women-covered-by-private-health-plans-under-the-affordable-care-act/>

<sup>12</sup> Centers for Disease Control and Prevention. (2006). “Recommendations to Improve Pre-conception Health and Healthcare—United States.” Retrieved from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

<sup>13</sup> For example, see (additional resources available upon inquiry): Healthy People 2020. “Maternal, Infant, and Child Health.” Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>