

FACES OF HUSKY D:

ANABELA GOMES

Waterbury, Connecticut
22 years old



Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents. These are their stories.

Anabela Gomes is a full-time student studying psychology at Naugatuck Valley Community College. She also works as a home care provider for a woman with medical needs, organizing her medications, taking her to appointments, and helping her with errands and housework.

Gomes credits HUSKY D with allowing her to work and attend school. HUSKY D covers her therapy and medications for depression and post-traumatic stress disorder.

“If I wasn’t on HUSKY D, I would be in a really bad place right now because I wouldn’t have the means of doing anything for my depression and PTSD,” she said.

It’s something she knows from experience.

Last year, Gomes was working three jobs. Because her income put her slightly above the income limit for HUSKY, she bought insurance through Access Health CT, the state’s health insurance marketplace. But her health plan’s out-of-pocket costs for getting care were too high for her to afford.

The lack of mental health care, coupled with stress over bills, caused her to have an anxiety-induced episode that required hospitalization. Her doctor at the hospital advised her to enroll in therapy after she was discharged, but Gomes said she couldn’t afford the out-of-pocket costs she would have to pay under her insurance.

Because of the time she spent in the hospital, she lost one of her jobs, and took medical leave from the others. She is now in school full time while working part time, and qualifies for HUSKY D.

“I definitely have a lot more access to the resources that I need,” she said. “I’ve been able to get very good mental health care, and that’s honestly been the main blessing of HUSKY for me, and I really, really need that.”

In 2016, **36%**
of HUSKY D
members used
their coverage
for mental health
or substance
use disorder
treatment.*

* Beacon Health Options HUSKY D data dashboard for HUSKY D members, 2015-2016. This data was obtained through a records request from the Connecticut Department of Social Services.

**For more on HUSKY D,
visit [www.cthealth.org/
publication/huskysd](http://www.cthealth.org/publication/huskysd)**

FACES OF HUSKY D:

JULIA LANZANO

Wethersfield, Connecticut
49 years old

Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents. These are their stories.

It all started with a headache.

For more than a year, **Julia Lanzano** struggled with headaches. Some were excruciating. They would go away but always came back.

Eventually, Lanzano had to stop working because of the headaches, giving up her job as an executive assistant.

Even so, she put off going to the doctor. She felt foolish going for “just” a headache.

Besides, because she wasn’t working, she no longer had health insurance. Her two teenage children were covered under her ex-husband’s policy, and she figured she could get by without coverage of her own.

When she finally saw a doctor, in June 2015, the doctor suggested a CT scan. Lanzano got the scan – after paying \$700 up front because she didn’t have insurance.

The result was shocking: She had a brain tumor.

What came next happened fast. She was admitted to the hospital and doctors removed the tumor during a 12-hour surgery. She spent most of the next two months in the intensive care unit.

Although Lanzano had been uninsured when she was diagnosed, she was eligible for HUSKY D, and social workers at the hospital helped her sign up. The coverage helped her avoid hundreds of thousands of dollars in bills.

“It was a godsend,” she said.

Still, being in the hospital for months meant not being able to work. The financial pressures were significant. She lost her car and had to sell her home.

Once Lanzano was discharged, she pushed hard to get back to work – probably too aggressively, she now realizes. She was motivated by the need to keep a roof over her head. Although her doctors told her she wouldn’t be able to work in an office again, she surpassed their expectations and began working fulltime. For a time, she was covered by an employer’s health plan.

More recently, she learned she had brain damage from the tumor and needed occupational and speech therapy to regain certain skills. She applied and was approved for disability support. As part of a trial period under the disability program, she can work, and has been working temp jobs. After two years of being declared disabled, Lanzano will qualify for Medicare. In the meantime, she is covered by HUSKY.

Sometimes, she feels embarrassed to be covered by HUSKY, hesitant to name her insurance when she goes to a doctor’s office. “There is a huge stereotype,” she said.

Still, she’s grateful for the program, for the safety net it provided her and others with brain tumors. “What are we to do if it’s not there?” she said.

Lanzano belongs to the Connecticut Brain Tumor Alliance, where she has met many others who have faced similar situations. Nearly everyone lost their house because of their medical bills or the time they were unable to work. Now, they worry what will happen if federal law changes and once again allows insurance companies to deny coverage to people with pre-existing conditions.

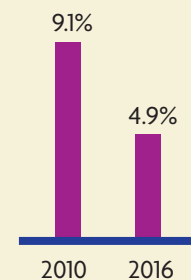
“We’re all absolutely terrified of what’s going to happen,” Lanzano said.



HUSKY D and Connecticut’s uninsured rate

Connecticut officials have taken pride in the dramatic drop in the state’s uninsured rate in recent years. HUSKY D played a central role in that change.

The uninsured rate*



These numbers equate to a reduction in the number of uninsured state residents from approximately **320,000** in 2010 to **172,000** in 2016.

46%
drop in uninsured*

* U.S. Census Bureau

For more on HUSKY D,
visit [www.cthealth.org/
publication/huskyd](http://www.cthealth.org/publication/huskyd)

FACES OF HUSKY D:

LINDA YANNONE

Sherman, Connecticut
58 years old



Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents. These are their stories.

Linda Yannone worked for most of her life as a gardener and horticulturalist. She and her husband usually got their health insurance through his work as an auto mechanic. But when he lost his job at a car dealership in 2006, they lost their health care coverage too.

“We were really hurting,” she said.

Yet she knew she needed to maintain her health insurance. Yannone is a cancer survivor and lives with lupus, an autoimmune disease. She was afraid of what could happen if she were uninsured.

“I was just petrified,” she said. “If I had to have surgery and had no coverage, I don’t know how we would’ve paid for it.”

Buying her own insurance was a sacrifice. The cost of premiums was unsustainable and eventually drained her family’s savings. She knew they could rely on their church to help with basic needs, but she and her husband were hesitant to seek social services or other assistance.

Then, something changed: When Connecticut expanded the Medicaid program as part of the Affordable Care Act, Yannone and her husband were among those who qualified for HUSKY D.

Because of HUSKY D, she can go to her doctor regularly and receive preventative care and treatment for her lupus. Her medications are covered. She no longer has to worry about scraping together thousands of dollars each year in premiums.

She calls it a blessing, and a source of stability.

“It’s such a relief,” Yannone said. “It’s made all the difference in my life.”

For the past few years, Yannone has worked as a substitute teacher. It’s a job she loves, but it comes without benefits. She’s still applying for other jobs, but isn’t optimistic, particularly because of her age. Sometimes, she said, it feels like “all the cards are stacked against you.”

“You work so hard your whole life to have a good life, and then when you’re sick, and you can’t get care or you can’t afford care, what kind of life is it?” she said.

Most HUSKY D members have used their insurance to get preventive and outpatient services.*

- **80%** of HUSKY D members aged 20 and older had at least one outpatient or preventive care visit in 2016.
- **65%** of women aged 52 and older in 2016 had a mammogram to screen for breast cancer within the past two years.
- The rate of emergency department visits among HUSKY D members fell by **36%** from 2012 to 2016. Over the same period, the rate of outpatient care visits rose by **19%**.

* Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016. Data was obtained from the Connecticut Department of Social Services through a public records request.

For more on HUSKY D, visit www.cthealth.org/publication/huskyd

FACES OF HUSKY D:

BRENDA HARRIS

New Haven, Connecticut
55 years old



Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents. These are their stories.

Brenda Harris works as a school bus aide, helping special needs children on the way to and from school. It's a part-time job that does not provide health insurance.

As a result, Harris is covered through HUSKY D. She signed up for the program after being laid off from her previous job as an assistant teacher, where she'd had good private health care coverage.

Harris is grateful for the coverage HUSKY D provides, but she is also worried. With efforts at the federal level to scale back health care coverage, Harris wonders what she would do if HUSKY D were not an option.

Something she's sure about: Without HUSKY D, she would not be able to pay for her medications for diabetes, high blood pressure, and high cholesterol.

"With what little bit you do make, you're trying to make sure you have a roof over your head," she said.

Harris knows she's not alone in worrying about losing coverage. She is involved in many community organizations, including New Haven Healthy Start and Mothers for Justice, and she hears people talk about their lives and health issues.

"It's very, very scary," she said of the prospect of losing coverage. "People already can't sleep because they're worried about if they're going to have medical (coverage) or be able to have food."

- In 2016, **9.2%** of HUSKY D members had a diagnosis of diabetes.*

- Outcomes have improved for HUSKY D members with diabetes. A review of more than 500 HUSKY D members with diabetes found that the percentage whose HbA1c – a measure of blood glucose – was under control rose from **31%** to **50%** from 2012 to 2016.*

* Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016. Data was obtained from the Connecticut Department of Social Services through a public records request.

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