A Healthier Connecticut

Improving the health of our state in 2018 and beyond.

Connecticut Health
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A snapshot of health disparities in Connecticut

Racial and ethnic health disparities are among Connecticut's most pressing issues.

While many complex factors contribute to these unequal health outcomes, there are ways to make progress and ensure that Connecticut's next generation will be free from racial and ethnic health disparities.

It starts with understanding the health disparities currently facing people of color in Connecticut.

Three examples of health disparities in Connecticut

Asthma

Black Connecticut residents are nearly **five times** as likely as white residents to visit the emergency department for asthma. Among Hispanics, the rate of asthma-related emergency department visits is **four times** higher than for white residents.[1]

Diabetes

Black residents are more than **twice as** likely as white residents to die from diabetes and are more than **four times** as likely to be hospitalized for diabetes. Hispanic residents are more than **twice as** likely as whites to be hospitalized.[2]

Infant mortality

Babies born to black women in Connecticut are nearly **three times** as likely to die as babies born to white women, while among Hispanic mothers, babies are **twice as** likely to die.[3]

Four strategies for improving health in Connecticut

Connecticut consistently ranks among the healthiest states in the country, yet not everyone in the state has the same opportunities to be as healthy as possible. **People of color face worse health outcomes and encounter significant barriers to staying healthy.**

The good news is there are ways to achieve health equity – that is, to change the health care system to ensure that everyone has a fair chance to live a healthy life, regardless of race, ethnicity, hometown, or income.

These approaches can help improve health for everyone in Connecticut. Here is a look at some of the key health issues in Connecticut, how the state is doing, and what the next governor can do.

These strategies include:

1. Preserving health care coverage.

2. Supporting health care innovation to improve outcomes and control costs.

3. Improving the quality of the health data the state collects and reports.

4. Linking clinical care with the community-level factors that affect health.

1. Health care coverage

The issue:

Coverage is a critical first step toward ensuring that people can access the care they need.

How Connecticut is doing:

Connecticut's uninsured rate has fallen dramatically in the past decade, from 9.1 percent in 2010 to 4.9 percent in 2016.[4] Much of this decrease is the result of the Affordable Care Act, which created two new forms of coverage:

- **Access Health CT**, the state's health insurance marketplace, which offers health plans for people who don't have coverage through their jobs. More than 114,000 people signed up for coverage through Access Health during the most recent open enrollment period last fall (2017). Nearly three-quarters qualified for federal financial assistance to discount the cost of their premiums.[5]
- **HUSKY D**, a portion of the state's Medicaid program that covers low-income adults without minor children. More than 200,000 Connecticut residents are covered by HUSKY D.[6]

HUSKY, as Medicaid is known in Connecticut, is a particularly critical source of coverage, providing health insurance for close to 800,000 people. HUSKY covers residents of every city and town, and insures:

- **34 percent** of children and teens in the state.
- **47 percent** of adults with disabilities.
- **70 percent** of nursing home residents.[7]

Among adults under 65 who are not disabled and are covered by HUSKY, approximately 70 percent have jobs.[8]

Hispanics in Connecticut are twice as likely to be uninsured as white state residents.[9] Despite Connecticut's recent success in reducing the uninsured rate, there is still more to do to ensure that everyone is covered.

What the next governor can do:

- Preserve coverage by **maintaining existing Medicaid eligibility levels** to help ensure state residents can get the preventive care they need, manage chronic conditions, and get timely treatment for medical issues.
- Ensure state residents can easily access coverage by **promoting policies that make the sign-up process as user-friendly as possible**. Avoid administrative barriers that cause eligible people to lose coverage, a situation that can lead to higher costs in the long run.

2. Health care innovation

The issue:

High-quality health care means patients get what they need to be as healthy as possible. For a patient with diabetes, for example, high-quality care might involve regularly monitoring his condition, coordinating the care he receives from all his health care providers, and working with him to ensure he buys healthy food and takes the right medication at the right time.
Yet in the current health care system, health care providers are paid based only on the quantity of services they deliver, not whether their care addresses patients' needs and improves their health.

How Connecticut is doing:

Efforts are underway in the private and public sectors to change how care is delivered and financed, and to create a system that positions health care providers to deliver the care and services that best address patient needs. Many of these efforts are being coordinated by the state's Office of Health Strategy, which has brought together the health care functions of multiple state agencies and streamlined their work to ensure effective coordination and organization. The office is now helping the health care system transform into one that delivers high-quality care and emphasizes keeping people healthy, not just treating them once they get sick.

What the next governor can do:

- **Support the Office of Health Strategy's** efforts to bring together the public and private sectors to foster health care innovation.
- Ensure the state has a robust system for allowing health care providers secure access to their patients' medical records. Such a system will ensure health care providers have the full picture of their patients' health and can help avoid duplicative testing. A **system to exchange health information** can also enable health care providers to better analyze their patients' health needs and target interventions appropriately.

3. Health data

The issue:

Reliable, detailed data is critical to addressing a problem. To improve the health of Connecticut residents, it is critical to know where the biggest challenges exist, which communities have good outcomes that could be replicated, and how well interventions are working. Recognizing the importance of data, other states have adopted laws on the collection of data on race and ethnicity. These include:

- California. State laws require including detailed data on race and ethnicity in agency reporting on rates of major diseases, causes of death, pregnancy, and housing. These laws include provisions to ensure that the individuals' privacy is protected.
- North Carolina. Health care providers are required to collect self-reported race and ethnicity data about their patients.
- Minnesota. Efforts are underway to collect information on the languages people speak.[10]

These policies can lead to a better understanding of residents' health status, while making clear where strategic health interventions, funding, and programming should be directed.

How Connecticut is doing:

Connecticut does not have a statewide health data collection policy.[11]

While many of the data sets collected in Connecticut include information on race and ethnicity, much of the race and ethnicity data is not published. There is little collection of more detailed data on race and ethnicity – data that could provide insights into disparities within racial or ethnic groups.[12] For example, among Hispanics nationally, Puerto Ricans tend to have the highest infant mortality rate, while Cubans have very low rates.[13] Data that reports more detail than "Hispanic" could offer Connecticut policymakers insights into strategies for addressing infant mortality.

Similarly, although data on the languages people speak could identify barriers to getting quality care for some communities, little language data is available in Connecticut.[14]

What the next governor can do:

- **Set data reporting standards** so all reports produced by state government include data that is clear and consistent. Reporting standards would ensure that researchers can make the best use of the data that is already collected and reported, and policymakers will have good data on which to form policy.
- **Ensure state agencies report data in a timely manner** to make sure policies and interventions are based on the most accurate information possible. Some data sets that are shared publicly now are five years old or more.
- **Make health data a priority** and adopt best practices in collecting detailed race and ethnicity data.

4. Linking clinical care and communities

The issue:

Most of what influences people's health happens outside the doctor's office. Factors such as stable housing, access to healthy food, reliable transportation, and people to turn to for help make an enormous difference in a person's ability to stay healthy or follow a doctor's recommendations.

There is increasing recognition within the health care system of the need to link clinical care with patients' communities – something that can improve health outcomes and care quality, and contribute to the elimination of racial and ethnic health disparities.[15]

One critical strategy is the use of community health workers – frontline public health workers who are trusted community members and can help to identify and address barriers that keep patients from being as healthy as possible.[16]

How Connecticut is doing:

Connecticut is on the path to ensuring that community health workers are integrated into the state's health care system. As part of a 2017 law, state policymakers are studying the feasibility and impact of a certification program for community health workers.[17]

While many health care and community organizations have successfully incorporated community health workers into their care teams, most have done so using grant funding. Work is now underway to pilot sustainable funding models for community health worker services, including those focused on high-need, high-cost patients such as frequent emergency department visitors.[18]

What the next governor can do:

- **Implement a certification program** to ensure that community health workers have the necessary knowledge and skills. A certification program will help ensure standards for this growing workforce and will give potential employers confidence in the field, enhancing the likelihood of widespread adoption of community health worker services.
- **Work with the private sector** to encourage pilot programs to test sustainable funding models for community health worker services.

Endnotes

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CREDITS

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Access Health CT and Medicaid enrollment by town

Connecticut has made tremendous strides in **lowering the uninsured rate and ensuring access to health care coverage** since the passage of the Affordable Care Act in 2010. Below are town-by-town numbers that show how the residents of each city and town have been affected by two of the major vehicles for this expanded coverage, Medicaid and insurance sold through Access Health CT, the state's exchange.

Town	Enrolled in Access Health CT* (As of Jan. 1, 2018) *Source: Access Health CT*	Enrolled in Medicaid** (As of Sept. 2016) *Source: CT DSS*	Percent Enrolled in Medicaid*** (As of Sept. 2016)
Andover	109	428	13%
Ansonia	504	6,465	35%
Ashford	123	868	20%
Avon	700	1,413	8%
Barkhamsted	153	496	14%
Beacon Falls	167	861	14%
Berlin	656	2,808	14%
Bethany	247	492	9%
Bethel	902	3,105	16%
Bethlehem	194	523	15%
Bloomfield	525	5,296	26%
Bolton	167	522	11%
Bozrah	62	460	18%

Town	Enrolled in Access Health CT* (As of Jan. 1, 2018) *Source: Access Health CT*	Enrolled in Medicaid** (As of Sept. 2016) *Source: CT DSS*	Percent Enrolled in Medicaid*** (As of Sept. 2016)
Branford	1,202	5,147	18%
Bridgeport	3,563	70,716	48%
Bridgewater	91	126	8%
Bristol	1,682	18,077	30%
Brookfield	703	2,017	12%
Brooklyn	237	1,996	24%
Burlington	333	826	9%
Canaan	214	815	69%
Canterbury	132	1,026	20%
Canton	417	1,243	12%
Chaplin	87	513	23%
Cheshire	838	2,821	10%
Chester	190	633	15%
Clinton	475	2,303	18%
Colchester	471	2,617	16%
Colebrook	77	119	8%
Columbia	150	726	13%
Cornwall	202	262	19%
Coventry	411	1,823	15%
Cromwell	406	2,283	16%
Danbury	3,030	22,456	26%
Darien	733	1,044	5%
Deep River	222	775	17%
Derby	347	4,046	32%
Durham	234	614	8%
Eastford	49	217	12%
East Granby	191	581	11%
East Haddam	316	1,134	13%
East Hampton	403	1,855	14%
East Hartford	1,306	20,422	41%
East Haven	906	7,922	28%
East Lyme	627	2,534	13%
Easton	408	533	7%
East Windsor	304	2,646	23%
Ellington	510	1,730	11%
Enfield	951	8,871	20%
Essex	326	685	10%
Fairfield	2,323	6,143	10%
Farmington	951	3,100	12%
Franklin	40	253	13%

Town	Enrolled in Access Health CT* (As of Jan. 1, 2018) *Source: Access Health CT*	Enrolled in Medicaid** (As of Sept. 2016) *Source: CT DSS*	Percent Enrolled in Medicaid*** (As of Sept. 2016)
Glastonbury	1,189	3,458	10%
Goshen	154	355	12%
Granby	407	1,116	10%
Greenwich	2,574	6,280	10%
Griswold	382	3,091	26%
Groton	681	7,210	18%
Guilford	904	2,290	10%
Haddam	285	850	10%
Hamden	1,566	12,485	20%
Hampton	98	406	22%
Hartford	2,331	74,713	61%
Hartland	85	235	11%
Harwinton	221	639	12%
Hebron	280	927	10%
Kent	186	467	17%
Killingly	405	5,776	34%
Killingworth	292	578	9%
Lebanon	237	1,282	18%
Ledyard	342	2,151	14%
Lisbon	*	799	19%
Litchfield	438	1,270	16%
Lyme	*	215	9%
Madison	758	1,484	8%
Manchester	1,824	17,631	30%
Mansfield	199	1,896	7%
Marlborough	246	733	11%
Meriden	1,334	22,982	39%
Middlebury	264	864	11%
Middlefield	147	515	12%
Middletown	1,155	12,869	28%
Milford	1,895	8,302	15%
Monroe	771	1,927	10%
Montville	355	3,955	21%
Morris	109	379	17%
Naugatuck	962	9,084	29%
New Britain	1,750	37,408	52%
New Canaan	830	942	5%
New Fairfield	530	1,420	10%
New Hartford	281	858	13%
New Haven	2,232	61,193	47%

Town	Enrolled in Access Health CT* (As of Jan. 1, 2018) *Source: Access Health CT*	Enrolled in Medicaid** (As of Sept. 2016) *Source: CT DSS*	Percent Enrolled in Medicaid*** (As of Sept. 2016)
Newington	973	5,480	18%
New London	653	12,406	46%
New Milford	1,291	4,977	18%
Newtown	1,204	2,608	9%
Norfolk	95	248	15%
North Branford	457	1,807	13%
North Canaan	30	215	7%
North Haven	808	3,506	15%
North Stonington	222	778	15%
Norwalk	4,046	20,952	24%
Norwich	861	16,930	43%
Old Lyme	434	788	11%
Old Saybrook	509	1,610	16%
Orange	623	1,432	10%
Oxford	454	1,299	10%
Plainfield	346	5,006	33%
Plainville	539	3,911	22%
Plymouth	427	2,775	24%
Pomfret	123	591	14%
Portland	287	1,423	15%
Preston	142	780	17%
Prospect	311	1,379	14%
Putnam	193	3,331	36%
Redding	498	558	6%
Ridgefield	998	1,602	6%
Rocky Hill	666	2,925	15%
Roxbury	172	212	10%
Salem	101	607	15%
Salisbury	281	517	14%
Scotland	21	132	8%
Seymour	548	3,430	21%
Sharon	181	501	18%
Shelton	1,451	6,612	16%
Sherman	198	334	9%
Simsbury	833	2,029	8%
Somers	318	1,094	10%
Southbury	726	2,886	15%
Southington	1,347	6,743	15%
South Windsor	839	3,035	12%
Sprague	53	978	33%

Town	Enrolled in Access Health CT* (As of Jan. 1, 2018) *Source: Access Health CT*	Enrolled in Medicaid** (As of Sept. 2016) *Source: CT DSS*	Percent Enrolled in Medicaid*** (As of Sept. 2016)
Stafford	320	2,602	22%
Stamford	5,468	29,275	23%
Sterling	93	798	21%
Stonington	1,199	4,305	23%
Stratford	1,617	12,209	23%
Suffield	407	1,441	9%
Thomaston	276	1,482	20%
Thompson	212	2,016	22%
Tolland	388	1,417	10%
Torrington	1,099	12,106	35%
Trumbull	1,334	4,236	12%
Union	*	68	8%
Vernon	844	7,922	27%
Voluntown	84	517	20%
Wallingford	1,392	8,013	18%
Warren	*	154	11%
Washington	282	438	13%
Waterbury	2,771	61,042	56%
Waterford	604	3,703	19%
Watertown	666	4,177	19%
Westbrook	284	1,173	17%
West Hartford	2,167	10,273	16%
West Haven	1,423	17,715	32%
Weston	617	469	5%
Westport	1,325	1,636	6%
Wethersfield	895	4,626	18%
Willington	148	810	14%
Wilton	812	1,374	7%
Winchester	346	3,400	32%
Windham	455	11,195	45%
Windsor	753	6,946	24%
Windsor Locks	354	2,764	22%
Wolcott	534	3,003	18%
Woodbridge	466	872	10%
Woodbury	552	1,132	12%
Woodstock	281	1,134	14%
Grand Total	**113,993**	**893,292**	

*Places with fewer than 10 enrollees were not reported, so total Access Health CT enrollment shown here will not equal the total enrolled as of 1-1-18.
**Medicaid data includes those covered by HUSKY and the Medicare Savings Program, which uses Medicaid funds to help low-income seniors and people with disabilities pay for their health care expenses.
***Calculated based on population estimates from July 1, 2016. Source: CT Department of Public Health.

Grants awarded by the Connecticut Health Foundation

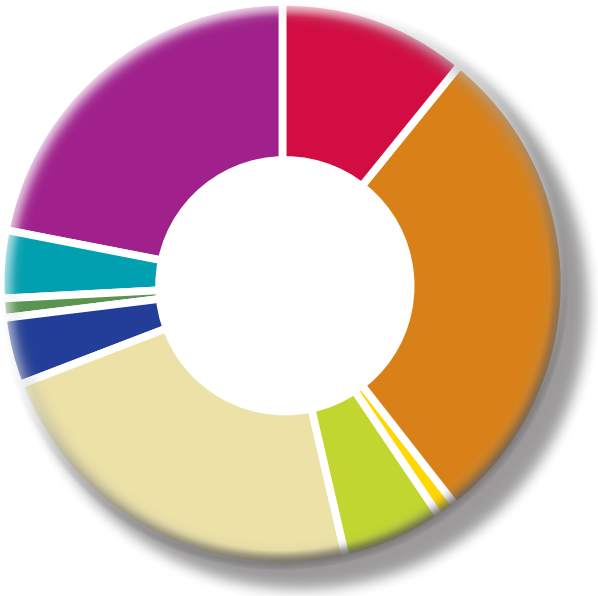
The Connecticut Health Foundation works to bring about changes that improve the lives of Connecticut residents using strategies that include policy research, leadership development, and grantmaking.

Our grantmaking portfolio includes projects with the potential to create widespread change, advocacy work that advances health equity and closes the gaps in health disparities, and grants that ensure communities most affected by policy decisions have a voice at the decision-making table.

Since 1999, the Connecticut Health Foundation has awarded close to **900 grants totaling more than $62 million** to nonprofit organizations and public entities across the state. Together, these grants have helped to advance the conversation on health equity, reduce racial and ethnic health disparities, expand health care coverage and access, and improve the overall health of Connecticut residents.

Grant awarded by region

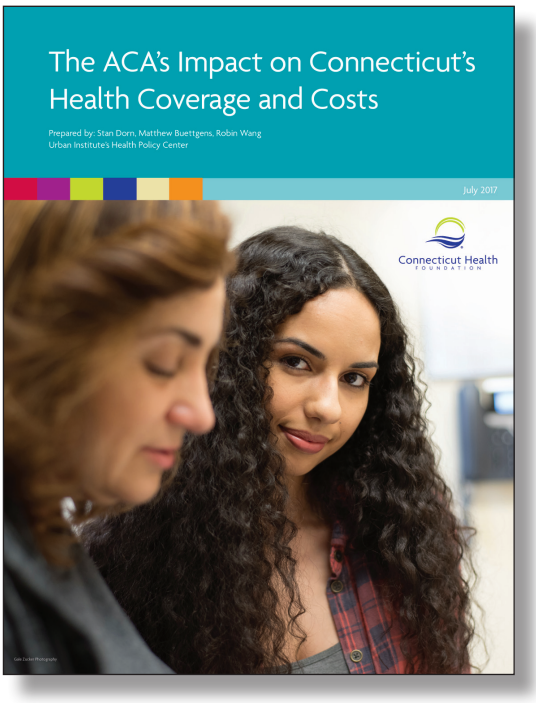
County	Percent
Fairfield	11%
Hartford	29%
Litchfield	1%
Middlesex	6%
New Haven	23%
New London	4%
Windham	1%
National	4%
Statewide	22%

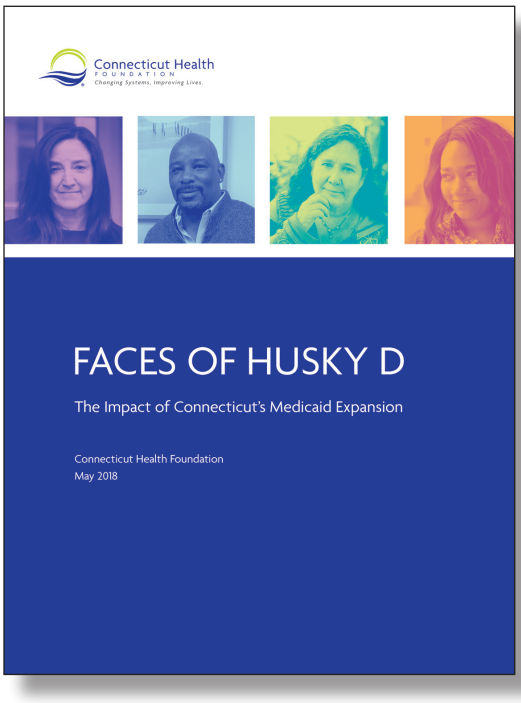


Visit our website, www.cthealth.org to search for specific grants or read about the types of projects we fund.

Report excerpts

In this section you will find excerpts from two recent reports the Connecticut Health Foundation published on the impact of major policy changes on health in the state.





The ACA's Impact on Connecticut's Health Coverage and Costs includes an analysis of health insurance coverage trends in the state that resulted from the Affordable Care Act. This report includes data on the health law's impact on specific cities and counties in the state, as well as coverage trends broken down by racial and ethnic groups.

Faces of HUSKY D: The Impact of Connecticut's Medicaid Expansion examines how Connecticut's 2010 decision to expand Medicaid to low-income adults without minor children affected individuals, the state, and Connecticut's health system. This report includes personal stories of newly covered state residents, as well as data on how those covered by the Medicaid expansion have used their coverage and the impact the program has had on the state's uninsured rate.

The full versions of both reports, along with other publications, are available on our website, www.cthealth.org/publications.

The ACA's Impact on Connecticut's Health Coverage and Costs

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Urban Institute's Health Policy Center

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Gale Zucker Photography

The ACA's Impact on Connecticut

More than 160,000 uninsured residents gained coverage

Roughly 161,500 Connecticut residents are covered due to the ACA – 5.4 percent of those under age 65 (table 1):

- Overall, the number of uninsured state residents fell by 45 percent, from 359,000 to 198,000. Put differently, without the ACA, the number of uninsured Connecticut residents would be 82 percent higher.[7]
- For residents under 65, the uninsured rate is 6.6 percent. Without the ACA, it would be approximately 12 percent.
- Most of those who became insured – 138,000 – gained coverage through Medicaid.
- 39,000 people gained coverage through the state's individual market, representing a 31 percent boost to that form of insurance.

The number of state residents with employer-sponsored insurance changed little, declining by 15,000 people, or less than 1 percent. This number reflects a slowdown of a previous trend of declining coverage through employer-based insurance.

Table 1 contrasts Connecticut coverage in 2017 under the ACA to coverage that would exist without the law.

What these numbers mean

This paper estimates coverage with and without the ACA. However, results are sometimes presented in simplified terms. For example, this section states that the number of uninsured "fell by 45 percent," rather than use the more technically precise language, "the number of uninsured residents is 45 percent lower under the ACA than would be the case without the ACA." Unless otherwise specified, all results are for 2017.

Table 1

Coverage with and without the ACA, residents under age 65, 2017

	Number without the ACA	Number with the ACA	Changes resulting from ACA	
			Number of people	Percentage change
Medicaid	571,000	709,000	138,000	24%
Individual market coverage	124,000	163,000	39,000	31%
Employer-sponsored insurance	1,874,000	1,859,000	-15,000	-0.8%
Other*	63,000	63,000	**	**
Uninsured	359,000	198,000	-161,500	-45%

Source: Urban Institute analysis, Health Insurance Policy Simulation Model (HIPSM) 2017. Note: Components may not add because of rounding. Except for the change in number of uninsured, numbers are rounded to the nearest 1,000.

**"Other" includes coverage through the military, the Veterans Health Administration, and Medicare for people under age 65.*

*** Numbers not shown due to small sample size.*

The ACA's Impact on Connecticut *(continued)*

People of color, state residents without a college education, and workers are disproportionately represented among residents who gained coverage under the ACA

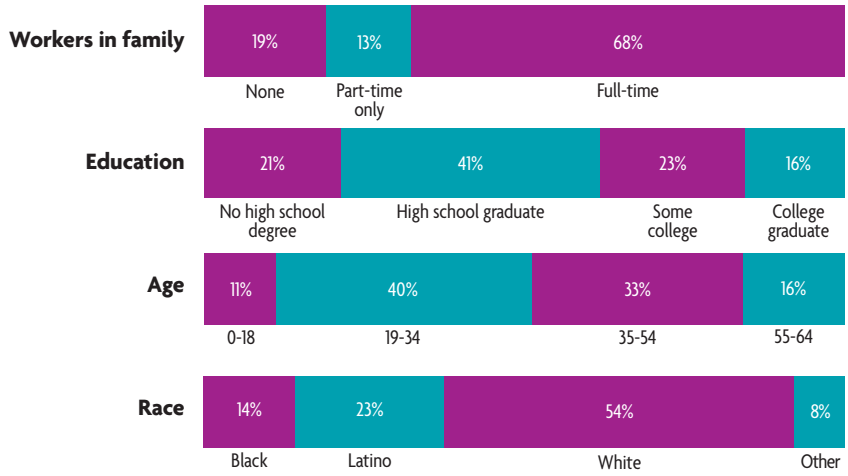
Of the approximately 161,500 Connecticut residents who are covered because of the ACA (figure 1, table 2):

- 46 percent are people of color, including 23 percent who are Latino, and 14 percent who are black
- 40 percent are young adults, ages 19-34, and 33 percent are ages 35-54
- 61 percent were not educated beyond high school, and only 16 percent are college graduates
- 81 percent live in working families, including 68 percent in families with full-time workers

Black and Latino residents are significantly less likely than whites to be covered by employer-sponsored insurance in Connecticut. While 72 percent of whites receive coverage through a job, only 46 percent of blacks and 35 percent of Latinos are covered by employer-sponsored insurance (table 3). As a result, blacks and Latinos are more vulnerable to changes that affect other sources of coverage, such as Medicaid or individual-market insurance.

Figure 1

Characteristics of state residents who have health insurance because of the ACA, 2017



Source: Urban Institute analysis, HIPSM 2017. Note: approximately 161,500 residents gained coverage, in total. Components may not add or match numbers in text because of rounding.

This report's estimates of increased coverage resulting from the ACA are limited to those who would not otherwise receive health insurance. Some people covered by insurance made available because of the health law would receive insurance from other sources if Medicaid expansion and the exchange disappeared.

The ACA provides Connecticut with more than $1 billion in annual federal funding

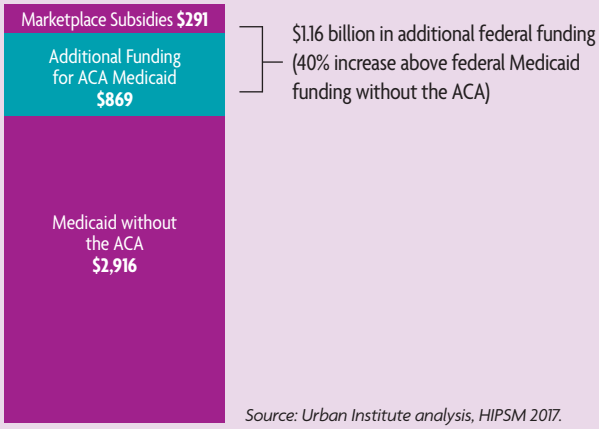
The ACA is responsible for a considerable portion of Connecticut's federal health care funding.

In 2017, the ACA is slated to provide $1.16 billion in increased payments to the state Medicaid program and in subsidies for coverage received through Access Health CT. That represents a 40 percent boost over what, without the ACA, the state would have received through Medicaid for residents under age 65 (figure 2).

Because the federal government pays 95 percent of the cost of covering people eligible for Medicaid through the ACA, Connecticut is spending $40 million less in state dollars on Medicaid in 2017 than it would without the health law – while covering 138,000 more people.

Figure 2

Federal health care funding for people under age 65 received in Connecticut through Medicaid and Marketplace Subsidies, 2017 (millions)



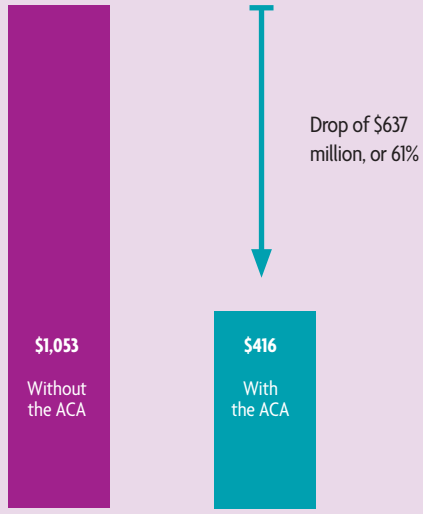
Source: Urban Institute analysis, HIPSM 2017.

The ACA cuts uncompensated care by more than 60 percent

The amount of uncompensated care delivered by hospitals and other health care providers in Connecticut – defined here as care provided to uninsured patients that is not covered by the patients or other sources outside the providers – is estimated to be $637 million lower in 2017 because of the ACA: $416 million, rather than $1.053 billion without the ACA. This change represents a 61 percent drop (figure 3).

Figure 3

Uncompensated care in Connecticut, with and without the ACA, 2017 (millions)



Source: Urban Institute analysis, HIPSM 2017.

Because of significant new federal funding, the ACA reduces Connecticut's state spending on Medicaid by $40 million while extending Medicaid to 138,000 additional people.

Covering Connecticut

The effects of the Affordable Care Act on state residents

BLACK RESIDENTS

This analysis compares estimates of health care coverage in 2017 with the Affordable Care Act (ACA) and without it. Numbers are rounded to the nearest thousand.

For more data, please see the full report at www.cthealth.org.

DEMOGRAPHIC OVERVIEW: Black residents under 65

316,000
total black residents under age 65

26,000
uninsured, 2017

49,000
would be uninsured without the ACA

23,000 black Connecticut residents are covered because of the ACA

- There are 26,000 uninsured black residents under age 65 in 2017. Without the ACA, that number would be 49,000.
- The uninsured rate among black residents is 8%. Without the ACA, it would be 15% – nearly twice as high.

Black Connecticut residents would be disproportionately affected by a repeal of the ACA or major reductions to the coverage it provides.

- 46% of black residents have employer-sponsored insurance, compared to 72% of whites. As a result, black residents are more vulnerable to changes to Medicaid or the individual insurance market – the two types of coverage most affected by the health law.
- Without the ACA, an additional 7% percent of black Connecticut residents under age 65 would become uninsured.

Coverage changes resulting from the ACA, black residents under age 65, 2017

	Number without the ACA	Number with the ACA	Changes resulting from ACA	
			Number of people	Percentage change
Medicaid	105,000	124,000	19,000	18%
Individual market coverage	5,000	10,000	5,000	108%
Employer-sponsored insurance	148,000	146,000	-2,000	-1%
Other*	9,000	9,000	**	**
Uninsured	49,000	26,000	-23,000	-47%
Total	316,000	316,000		

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2017. Note: Components may not add because of rounding. For example, rounded to the nearest 100, the numbers of black residents who have coverage through the individual market with and without the ACA are respectively 10,300 and 4,900. Accordingly, the ACA is responsible for a 108% higher proportion of black residents who receive individual coverage.

** Other coverage includes military coverage, Veterans Health Administration coverage, and Medicare for people under age 65.*

*** Numbers are not shown due to small sample size.*

Connecticut Health FOUNDATION
Changing Systems, Improving Lives.

Covering Connecticut *Continued*

The effects of the Affordable Care Act on state residents

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New safeguards and benefits for people with private insurance and Medicare

Under the ACA, people with employer-sponsored coverage:

- Are protected from catastrophic medical costs because insurers can no longer impose annual or lifetime coverage limits
- Receive coverage of preventive services – including check-ups for babies, children, and adults; cancer screenings; and contraception – without copayments, deductibles, or other out-of-pocket costs
- Can immediately obtain coverage through Medicaid or Access Health CT if they lose their job-based coverage

These protections benefit the 146,000 black residents – 46% of those under 65 – who have employer-sponsored insurance.

In addition to those protections, people who buy insurance through the individual market:

- Cannot be denied coverage or charged more if they have pre-existing conditions
- Are guaranteed coverage of all "essential health benefits," including treatment of mental health and substance use disorders, prescription drugs, and maternity care
- May qualify for financial assistance to lower their premiums and out-of-pocket cost-sharing on plans offered through Access Health CT, depending on their income

These protections benefit the 10,000 black residents – 3% of those under 65 – who buy coverage through the state's individual market.

The ACA gives Medicare beneficiaries additional coverage of preventive services and lowers their costs for prescription drugs. For them, the ACA has:

- Provided coverage of annual physicals, cancer screenings, and other preventive services, free of charge
- Increased coverage for medications in the "donut hole." Medicare now covers 60% of the cost of name-brand drugs and 49% of the cost of generic medications for drug expenses that are between $3,700 and $4,950 per year. Without the ACA, Medicare beneficiaries would pay the full cost of these drugs.

These protections affect the 40,000 black residents – more than 10% of those of all ages – who are covered by Medicare.

The uninsured rate among

black Connecticut residents is 8%.

Without the ACA, it would be nearly twice as high.


Gale Zucker Photography

Covering Connecticut

The effects of the Affordable Care Act on state residents

LATINO RESIDENTS

This analysis compares estimates of health care coverage in 2017 with the Affordable Care Act (ACA) and without it. Numbers are rounded to the nearest thousand.

For more data, please see the full report at www.cthealth.org.

DEMOGRAPHIC OVERVIEW: Latino residents under 65

509,000
total Latino residents under age 65

72,000
uninsured, 2017

110,000
would be uninsured without the ACA

38,000 Latino Connecticut residents are covered because of the ACA

- There are 72,000 uninsured Latinos under age 65 in Connecticut in 2017. Without the ACA, that number would be 110,000.
- The uninsured rate among Latinos under age 65 is 14%. Without the ACA, it would be 22%.

Latinos in Connecticut would be disproportionately affected by a repeal of the ACA or major reductions to the coverage it provides.

- 35% of Latinos have employer-sponsored coverage, compared to 72% of non-Hispanic whites. As a result, Latinos are more vulnerable to changes to Medicaid or the individual insurance market – the two types of coverage most affected by the health law.
- Without the ACA, an additional 7% of Latinos under age 65 would become uninsured.

Coverage changes resulting from the ACA, Latino residents under age 65, 2017

	Number without the ACA	Number with the ACA	Changes resulting from ACA	
			Number of people	Percentage change
Medicaid	202,000	235,000	33,000	16%
Individual market coverage	8,000	16,000	8,000	102%
Employer-sponsored insurance	181,000	178,000	-3,000	-2%
Other*	9,000	9,000	**	**
Uninsured	110,000	72,000	-38,000	-35%
Total	509,000	509,000		

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2017. Note: Components may not add because of rounding. For example, rounded to the nearest 100, the numbers of Latinos who have coverage through the individual market with and without the ACA are respectively 16,000 and 7,900. Accordingly, the ACA is responsible for a 102% higher proportion of Latinos who receive individual coverage.

** Other coverage includes military coverage, Veterans Health Administration coverage, and Medicare for people under age 65.*

*** Numbers are not shown due to small sample size.*

Connecticut Health FOUNDATION
Changing Systems, Improving Lives.

Covering Connecticut *Continued*

The effects of the Affordable Care Act on state residents

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New safeguards and benefits for people with private insurance and Medicare

Under the ACA, people with employer-sponsored coverage:

- Are protected from catastrophic medical costs because insurers can no longer impose annual or lifetime coverage limits

- Receive coverage of preventive services – including check-ups for babies, children, and adults; cancer screenings; and contraception – without copayments, deductibles, or other out-of-pocket costs

- Can immediately obtain coverage through Medicaid or Access Health CT if they lose their job-based coverage

These protections benefit the 178,000 Latino residents – 35% of those under 65 – who have employer-sponsored insurance.

In addition to those protections, people who buy insurance through the individual market:

- Cannot be denied coverage or charged more if they have pre-existing conditions

- Are guaranteed coverage of all "essential health benefits," including treatment of mental health and substance use disorders, prescription drugs, and maternity care

- May qualify for financial assistance to lower their premiums and out-of-pocket cost-sharing on plans offered through Access Health CT, depending on their income

These protections benefit the 16,000 Latinos – 3% of those under 65 – who buy coverage through the state's individual market.

The ACA gives Medicare beneficiaries additional coverage of preventive services and lowers their costs for prescription drugs. For them, the ACA has:

- Provided coverage of annual physicals, cancer screenings, and other preventive services, free of charge

- Increased coverage for medications in the "donut hole." Medicare now covers 60% of the cost of name-brand drugs and 49% of the cost of generic medications for drug expenses that are between $3,700 and $4,950 per year. Without the ACA, Medicare beneficiaries would pay the full cost of these drugs.

These protections affect the 34,000 Latino residents – 6% of those of all ages – who are covered by Medicare.

The uninsured rate among

Connecticut Latinos under 65 is 14%.

Without the ACA, it would be 22%.


Gale Zucker Photography

Covering Connecticut

The effects of the Affordable Care Act on state residents

HARTFORD

This analysis compares estimates of health care coverage in 2017 with the Affordable Care Act (ACA) and without it. Numbers are rounded to the nearest thousand.

For more data, please see the full report at www.cthealth.org.

DEMOGRAPHIC OVERVIEW: Hartford residents under 65

115,000
total residents under age 65

12,000
uninsured, 2017

21,000
would be uninsured without the ACA

9,000 residents are covered because of the ACA

- Among Hartford residents under age 65, 11% are uninsured. Without the ACA, the uninsured rate would be 18%.

If the ACA was repealed, Hartford residents would experience disproportionate harm, compared to Connecticut residents statewide.

- 7% of Hartford residents under age 65 are covered due to the ACA.
- That compares to the 5.4% of under-65 residents statewide who are covered because of the ACA.

Connecticut Health FOUNDATION

Coverage changes resulting from the ACA, Hartford residents under age 65, 2017

	Estimated number of people covered without the ACA	Estimated coverage under the ACA		Impact of ACA	
		Number of people	Percentage of Hartford residents < age 65	Number of people	Percentage change
Medicaid	54,000	60,000	53%	6,000	12%
Employer-sponsored insurance	35,000	35,000	30%	**	**
Individual market	2,000	4,000	4%	2,000	119%
Other*	3,000	3,000	3%	**	**
Uninsured	21,000	12,000	11%	-9,000	-41%
Total	115,000	115,000	100%		

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2017.
Note: Components may not add because of rounding.
**This category includes people covered by Medicare and other public health insurance.*
***Numbers are not shown due to small sample size.*

Covering Connecticut *Continued*

The effects of the Affordable Care Act on state residents

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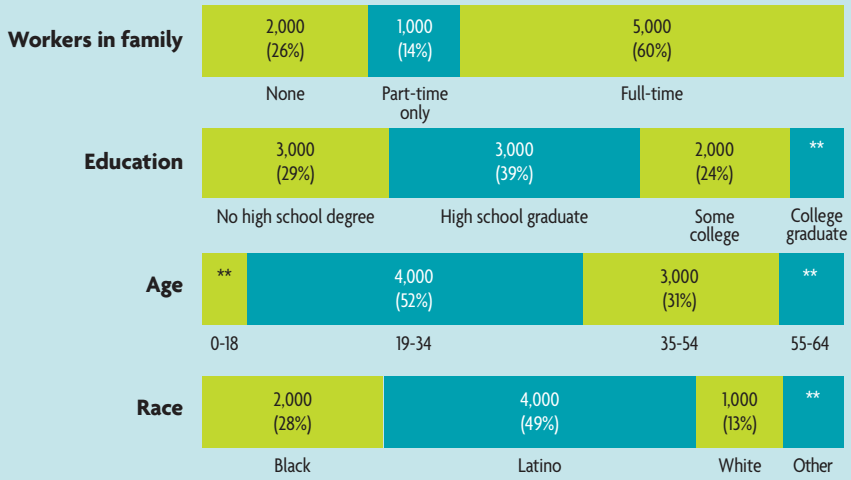
Design consultant: Eva Weymouth
Photography: Gale Zucker Photography

Among Hartford residents who are covered due to the ACA:

- 87% are people of color
- 69% have no education beyond high school
- 74% live in working families, including 60% with full-time workers

Number and share of nonelderly Hartford residents who are covered due to the ACA, by demographic characteristics, 2017



Source: Urban Institute analysis, HIPSM 2017. Note: Components may not add because of rounding.
***Numbers are not shown due to small sample size.*

New safeguards and benefits for people with private insurance and Medicare

Under the ACA, people with employer-sponsored coverage:

- Are protected from catastrophic medical costs because insurers can no longer impose annual or lifetime coverage limits
- Receive coverage of preventive services – including check-ups for babies, children, and adults; cancer screenings; and contraception – without copayments, deductibles, or other out-of-pocket costs
- Can immediately obtain coverage through Medicaid or Access Health CT if they lose their job-based coverage

These protections benefit the 35,000 Hartford residents – 30% of city residents under 65 – who have employer-sponsored insurance.

In addition to those protections, people who buy insurance through the individual market:

- Cannot be denied coverage or charged more if they have pre-existing conditions
- Are guaranteed coverage of all "essential health benefits," including treatment of mental health and substance use disorders, prescription drugs, and maternity care
- May qualify for financial assistance to lower their premiums and out-of-pocket cost-sharing on plans offered through Access Health CT, depending on their income

These protections benefit the 4,000 Hartford residents – 4% of those under 65 – who buy coverage through the individual market.

The ACA gives Medicare beneficiaries additional coverage of preventive services and lowers their costs for prescription drugs. For them, the ACA has:

- Provided coverage of annual physicals, cancer screenings, and other preventive services, free of charge
- Increased coverage for medications in the "donut hole." Medicare now covers 60% of the cost of name-brand drugs and 49% of the cost of generic medications for drug expenses that are between $3,700 and $4,950 per year. Without the ACA, Medicare beneficiaries would pay the full cost of these drugs.

These protections benefit the 16,000 Hartford residents – 12% of city residents of all ages – who are covered by Medicare.


Gale Zucker Photography

Covering Connecticut

The effects of the Affordable Care Act on state residents

BRIDGEPORT

This analysis compares estimates of health care coverage in 2017 with the Affordable Care Act (ACA) and without it. Numbers are rounded to the nearest thousand.

For more data, please see the full report at www.cthealth.org.

DEMOGRAPHIC OVERVIEW: Bridgeport residents under 65

136,000	23,000	35,000
total residents under age 65	uninsured, 2017	would be uninsured without the ACA

12,000 residents are covered because of the ACA

- Among Bridgeport residents under age 65, the uninsured rate is 17%. Without the ACA, it would be 26%.

If the ACA was repealed, Bridgeport residents would experience disproportionate harm, compared to Connecticut residents statewide.

- 9% of Bridgeport residents under age 65 are covered due to the ACA.
- That number is nearly twice the 5.4% of under-65 residents statewide who are covered because of the health law.

Connecticut Health FOUNDATION

Coverage changes resulting from the ACA, Bridgeport residents under age 65, 2017

	Estimated number of people covered without the ACA	Estimated coverage under the ACA		Impact of ACA	
		Number of people	Percentage of Bridgeport residents < age 65	Number of people	Percentage change
Medicaid	44,000	54,000	40%	10,000	22%
Employer-sponsored insurance	52,000	51,000	38%	**	**
Individual market	3,000	5,000	4%	3,000	96%
Other*	3,000	3,000	2%	**	**
Uninsured	35,000	23,000	17%	-12,000	-34%
Total	136,000	136,000	100%		

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2017.
Note: Components may not add because of rounding.
**This category includes people covered by Medicare and other public health insurance.*
***Numbers are not shown due to small sample size.*

Covering Connecticut *Continued*

The effects of the Affordable Care Act on state residents

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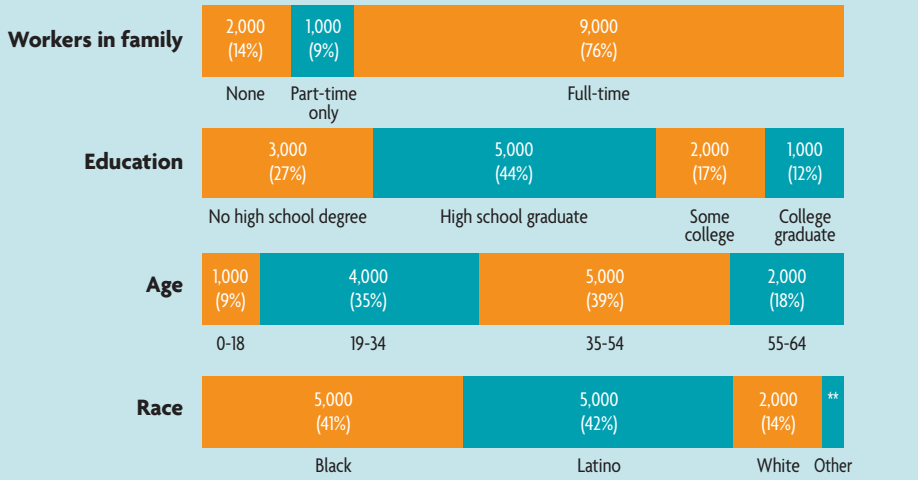
Design consultant: Eva Weymouth
Photography: Gale Zucker Photography

Among Bridgeport residents who are covered due to the ACA:

- 86% are people of color
- 71% have no education beyond high school
- 86% live in working families, including 76% with full-time workers

Number and share of nonelderly Bridgeport residents who are covered due to the ACA, by demographic characteristics



Source: Urban Institute analysis, HIPSM 2017. Note: Components may not add because of rounding.
***Numbers are not shown due to small sample size.*

New safeguards and benefits for people with private insurance and Medicare

Under the ACA, people with employer-sponsored coverage:

- Are protected from catastrophic medical costs because insurers can no longer impose annual or lifetime coverage limits
- Receive coverage of preventive services – including check-ups for babies, children, and adults; cancer screenings; and contraception – without copayments, deductibles, or other out-of-pocket costs
- Can immediately obtain coverage through Medicaid or Access Health CT if they lose their job-based coverage

These protections benefit the 51,000 Bridgeport residents – 38% of city residents under 65 – who have employer-sponsored insurance.

In addition to those protections, people who buy insurance through the individual market:

- Cannot be denied coverage or charged more if they have pre-existing conditions
- Are guaranteed coverage of all "essential health benefits," including treatment of mental health and substance use disorders, prescription drugs, and maternity care
- May qualify for financial assistance to lower their premiums and out-of-pocket cost-sharing on plans offered through Access Health CT, depending on their income

These protections benefit the 5,000 Bridgeport residents – 4% of city residents under 65 – who buy coverage through the individual market.

The ACA gives Medicare beneficiaries additional coverage of preventive services and lowers their costs for prescription drugs. For them, the ACA has:

- Provided coverage of annual physicals, cancer screenings, and other preventive services, free of charge
- Increased coverage for medications in the "donut hole." Medicare now covers 60% of the cost of name-brand drugs and 49% of the cost of generic medications for drug expenses that are between $3,700 and $4,950 per year. Without the ACA, Medicare beneficiaries would pay the full cost of these drugs.

These protections benefit the 17,000 Bridgeport residents – 11% of city residents of all ages – who are covered by Medicare.


Gale Zucker Photography

Covering Connecticut

The effects of the Affordable Care Act on state residents

NEW HAVEN

This analysis compares estimates of health care coverage in 2017 with the Affordable Care Act (ACA) and without it. Numbers are rounded to the nearest thousand.

For more data, please see the full report at www.cthealth.org.

DEMOGRAPHIC OVERVIEW: New Haven residents under 65

119,000	11,000	20,000
total residents under age 65	uninsured, 2017	would be uninsured without the ACA

9,000 residents are covered because of the ACA

- Among New Haven residents under age 65, the uninsured rate is 9%. Without the ACA, it would be 17% – nearly twice as high.

If the ACA was repealed, New Haven residents would experience disproportionate harm, compared to Connecticut residents statewide.

- 7% of New Haven residents under age 65 are covered due to the ACA.
- That compares to 5.4% of under-65 residents statewide who are covered because of the ACA.

Connecticut Health FOUNDATION

Coverage changes resulting from the ACA, New Haven residents under age 65, 2017

	Estimated number of people covered without the ACA	Estimated coverage under the ACA		Impact of ACA	
		Number of people	Percentage of New Haven residents < age 65	Number of people	Percentage change
Medicaid	39,000	47,000	39%	8,000	19%
Employer-sponsored insurance	52,000	53,000	44%	**	**
Individual market	5,000	6,000	5%	**	**
Other*	3,000	3,000	2%	**	**
Uninsured	20,000	11,000	10%	-9,000	-43%
Total	119,000	119,000	100%		

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2017.
Note: Components may not add because of rounding.
**This category includes people covered by Medicare and other public health insurance.*
***Numbers are not shown due to small sample size.*

Covering Connecticut *Continued*

The effects of the Affordable Care Act on state residents

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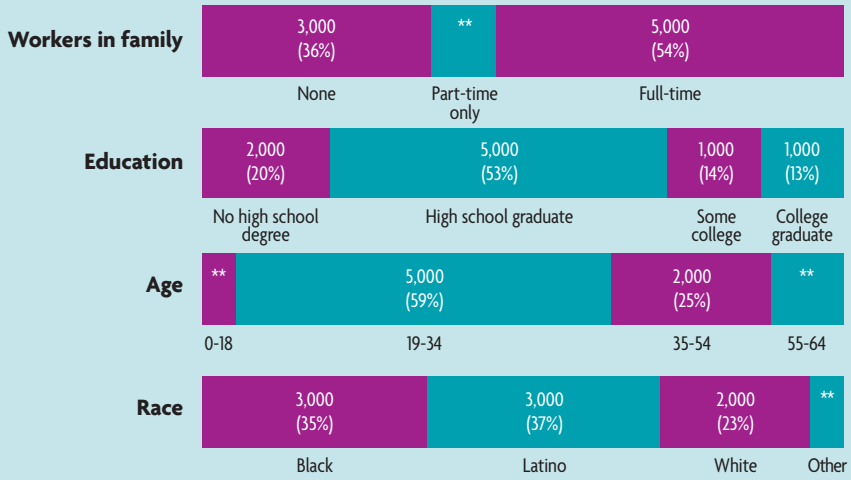
Among New Haven residents who are covered due to the ACA:

- 77% are people of color
- 73% have no education beyond high school
- 64% live in working families, including 54% with full-time workers

Number and share of nonelderly New Haven residents who are covered due to the ACA, by demographic characteristics, 2017



Source: Urban Institute analysis, HIPSM 2017. Note: Components may not add because of rounding.
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New safeguards and benefits for people with private insurance and Medicare

Under the ACA, people with employer-sponsored coverage:

- Are protected from catastrophic medical costs because insurers can no longer impose annual or lifetime coverage limits
- Receive coverage of preventive services – including check-ups for babies, children, and adults; cancer screenings; and contraception – without copayments, deductibles, or other out-of-pocket costs
- Can immediately obtain coverage through Medicaid or Access Health CT if they lose their job-based coverage

These protections benefit the 53,000 New Haven residents – 44% of city residents under 65 – who have employer-sponsored insurance.

In addition to those protections, people who buy insurance through the individual market:

- Cannot be denied coverage or charged more if they have pre-existing conditions
- Are guaranteed coverage of all "essential health benefits," including treatment of mental health and substance use disorders, prescription drugs, and maternity care
- May qualify for financial assistance to lower their premiums and out-of-pocket cost-sharing on plans offered through Access Health CT, depending on their income

These protections benefit the 6,000 New Haven residents – 5% of city residents under 65 – who buy coverage through the individual market.

The ACA gives Medicare beneficiaries additional coverage of preventive services and lowers their costs for prescription drugs. For them, the ACA has:

- Provided coverage of annual physicals, cancer screenings, and other preventive services, free of charge
- Increased coverage for medications in the "donut hole." Medicare now covers 60% of the cost of name-brand drugs and 49% of the cost of generic medications for drug expenses that are between $3,700 and $4,950 per year. Without the ACA, Medicare beneficiaries would pay the full cost of these drugs.

These protections benefit the 17,000 New Haven residents – 13% of city residents of all ages – who are covered by Medicare.

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FACES OF HUSKY D

The Impact of Connecticut's Medicaid Expansion

Connecticut Health Foundation
May 2018

Connecticut Health FOUNDATION
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HUSKY D: KEY FACTS

10 things to know about HUSKY D

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.

1 **The creation of HUSKY D has been an essential part of reducing Connecticut's uninsured rate** from 9.1 percent in 2010 to 4.9 percent in 2016.[1]

2 **To qualify for HUSKY D, an individual must earn less than $16,643 per year.**[2] That's 138 percent of the federal poverty level in 2018. For a married couple to qualify, their combined income must be below $22,411. For comparison purposes, a person working 30 hours per week at Connecticut's 2018 minimum wage – $10.10 per hour – would earn $15,756 in a year.

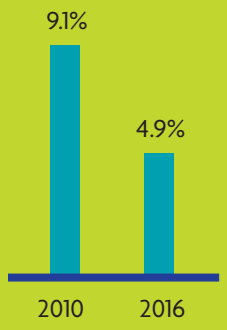
3 As of September 2016, **HUSKY D covered 204,336 people**, including individuals from every city and town in Connecticut.

4 **Most people covered by HUSKY D are using their insurance to get care**. Just over 80 percent of people with HUSKY D used the coverage for preventive or outpatient health services in 2016.[3]

5 **Emergency department usage among HUSKY D members is down significantly.** The rate of emergency department visits fell by 36 percent from 2012 to 2016.[4]

Continued

CT's uninsured rate*



** U.S. Census Bureau*

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

HUSKY D: KEY FACTS

ENDNOTES

1 U.S. Census Bureau, "Percent Without Health Insurance Coverage – United States – States; and Puerto Rico," American FactFinder, accessed March 6, 2018. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_GCT2701.US01PR&prodType=table

2 Connecticut Department of Social Services, "Connecticut HUSKY Health Program Income Guidelines – Effective January 1, 2018," last updated Nov. 17, 2017. http://www.ct.gov/hh/lib/hh/pdf/HUSKYAnnualIncomeChart.pdf

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

4 Ibid.

5 This data was obtained through a records request from the Connecticut Department of Social Services.

6 Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016.

7 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/huskyd

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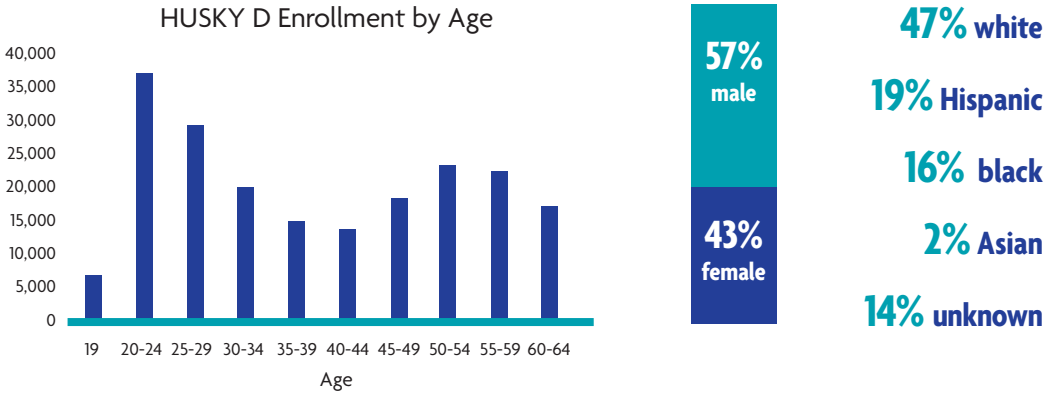
6 Among **HUSKY D members** in 2016:[5]



7 **Outcomes have improved for diabetes patients with HUSKY D.** A review of more than 500 HUSKY D members with diabetes found that the percentage whose blood glucose was under control rose from 31 percent to 50 percent from 2012 to 2016.[6]

8 **HUSKY D is a significant source of coverage for behavioral health care.** In 2016, more than one in three HUSKY D members – 36 percent – used their coverage to get care for a mental health condition or substance use disorder.[7]

9 **HUSKY D is playing a crucial role in fighting the opioid crisis.** Before HUSKY D, individuals with substance use disorders were generally not eligible for Medicaid, creating a major barrier to treatment.

10 **Connecticut's Medicaid expansion has been financed almost entirely by the federal government.** As part of the Affordable Care Act, the federal government paid the entire cost of coverage for people covered by the Medicaid expansion from 2014 through 2016. The state now contributes a small portion of the cost – 6 percent in 2018; it will rise to 10 percent in 2020 – but unless there are changes to federal law, Connecticut will never pay more than 10 percent of the cost of HUSKY D coverage.

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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/huskyd

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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.

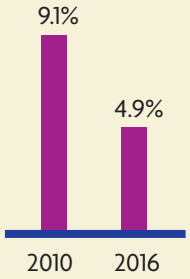
Lanzano belongs to the Connecticut Brain Tumor Alliance, where she has met many others who have faced similar situations. Nearly everyone lost their house because of their medical bills or the time they were unable to work. Now, they worry what will happen if federal law changes and once again allows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

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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

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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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