



Legislative Testimony  
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**Written Testimony Supporting Senate Bill 1202, An Act Concerning Prescription Drug Affordability, Senate Bill 1203, An Act Concerning Medical Debt, and Senate Bill 1205, An Act Concerning Medicaid Reimbursement for Peer Recovery Support Services**

Senator Lesser, Representative Gilchrest, Ranking Members Seminara and Case, and distinguished members of the Human Services Committee:

My name is Jess Zaccagnino, and I am the policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am writing to testify in support of Senate Bill 1202, An Act Concerning Prescription Drug Affordability, Senate Bill 1203, An Act Concerning Medical Debt, and Senate Bill 1205, An Act Concerning Medicaid Reimbursement for Peer Recovery Support Services.

The ACLU-CT believes that all people deserve access to affordable and quality health care. Senate Bills 1202, 1203, and 1205 are all aimed at making health care in this state accessible, whether it be through relief from medical debt, affordable prescription drugs, or expanding access to peer recovery support groups. We know that when individual people thrive, our communities thrive.

First, Senate Bill 1202 addresses the affordability of prescription drugs. The bill establish a pricing program that sets fair prices for prescription drugs dispensed through health insurance plans in the state, establishes the Prescription Drug Payment Evaluation Committee to recommend price caps on certain drugs, and requires the Office of Health Strategy to monitor and make public the costliest prescription drugs. America as a whole has easily the highest drug prices in the world. The extraordinarily high price of prescription drugs hurts people of color, low-

income people, and people with disabilities first and worst.<sup>1</sup> These are also groups of people who experience disproportionately adverse health access and outcomes. Studies have found that race is a common predictor of medication underuse as a cost-saving measure, which can have detrimental health impacts.<sup>2</sup> The ACLU-CT supports all efforts to lower the cost of prescription drugs, which will have an outsized benefit on communities of color and low-income communities.

Second, Senate Bill 1203 addresses the growing problem of medical debt, which disproportionately burdens people of color. A study by the Journal of General Internal Medicine found that 137 million adults had difficulty paying their medical bills in 2017.<sup>3</sup> Even with the passage of the Affordable Care Act, 30 million Americans went without health insurance entirely in 2020, and Black, Latinx, and Indigenous people are more likely to be uninsured.<sup>4</sup> Health debt is linked to a decreased use of health care services, and one study found that seniors, in particular those with low incomes and chronic illnesses, are more likely to not adhere to medication prescriptions because of costs.<sup>5</sup> Medical debt is the leading cause of consumer bankruptcy: at least 62 percent of bankruptcies in 2007 were in part attributed to medical debt.<sup>6</sup> In Connecticut, 18 percent of households with working adults had health insurance costs that exceeded an affordability benchmark.<sup>7</sup> We cannot ameliorate the problem of medical debt in this state if we do not address it head-on. As such, we support SB 1203, and urge this Committee to do the same.

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<sup>1</sup> The median net worth of white households in 2016 was 9.7 times higher than Black households and 8.3 times higher than Latinx households. Lisa J. Dettling, et al., *Recent Trends in Wealth-Holding By Race and Ethnicity: Evidence from the Survey of Consumer Finances*, FED. RESERVE (Sept. 27, 2017), <https://www.federalreserve.gov/econres/notes/feds-notes/recent-trends-in-wealth-holding-by-race-and-ethnicity-evidence-from-the-survey-of-consumer-finances-20170927.html>.

<sup>2</sup> See, e.g., Chen-Wen Tseng, *Race/Ethnicity and Economic Differences in Cost-Related Medication Underuse Among Insured Adults with Diabetes*, 31 EPIDEMIOLOGY/HEALTH SERVICES RESEARCH 261 (2008).

<sup>3</sup> K. Robin Yabroff, et al., *Prevalence and Correlates of Medical Financial Hardship in the USA*, 34 J. GEN. INTERNAL MED. 1494 (2019), <https://link.springer.com/article/10.1007/s11606-019-05002-w>.

<sup>4</sup> Kenneth Finegold, et al., *Trends in the U.S. Uninsured Population, 2010-2020*, OFF. HEALTH POL'Y (Feb. 11, 2021), <https://aspe.hhs.gov/sites/default/files/private/pdf/265041/trends-in-the-us-uninsured.pdf>.

<sup>5</sup> Becky A. Briesacher, et al., *Patients At-Risk for Cost-Related Medication Nonadherence: A Review of the Literature*, 22 J. GEN. INTERNAL MED. 864 (2007), <https://pubmed.ncbi.nlm.nih.gov/17410403/>.

<sup>6</sup> See David U. Himmelstein, *Medical Bankruptcy in the United States, 2007: Results of a National Study*, 122 AM. J. MED. 741 (2007), <https://pubmed.ncbi.nlm.nih.gov/19501347/>; Daniel A. Austin, *Medical Debt as a Cause of Consumer Bankruptcy*, 67 MED. L. REV. 1 (2014), <https://heinonline.org/HOL/LandingPage?handle=hein.journals/maine67&div=5&id=&page>.

<sup>7</sup> *Connecticut Health Care Affordability Index*, OFF. HEALTH STRATEGY (June 2021), <https://portal.ct.gov/-/media/OHS/CT-Healthcare-Affordability-Index/CHAI/CT-Healthcare-Affordability-Index-Executive-Summary-OHSOSC-621.pdf>.

Finally, SB 1205 would provide Medicaid reimbursement for peer recovery support providers, including substance use disorder recovery coaches. Peer support, according to Mental Health America, “is an evidence-based practice for the treatment of mental illness. Both quantitative and qualitative evidence indicates that peer support groups lowers the overall cost of mental health services by reducing re-hospitalization rates and days spent in inpatient services, increasing the use of outpatient services.”<sup>8</sup> Expanding access to peer support is vital to fight existing racial disparities in our health care system. The need for peer support is heightened for people who have been incarcerated, who experience rates of mental illness and substance abuse disorder that are astronomically higher than the general population.<sup>9</sup> All people, regardless of their race, income, and criminal records, deserve access to health care, including peer recovery support services.

The ACLU-CT is an organization that is dedicated to racial equity in civil society. One deeply disturbing way that racism shows up in the access that people have to health care and in the health outcomes for people of color, particularly Black people.<sup>10</sup> Senate Bills 1202, 1203, and 1205 all positively address various aspects of our health care system, like medical debt, prescription drug costs, and access to peer support systems. The ACLU-CT wholeheartedly supports these efforts, and urges this Committee to do the same.

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<sup>8</sup> *Evidence for Peer Support*, MENTAL HEALTH AM. (Feb. 2017), <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20January%202017.pdf>.

<sup>9</sup> See, e.g., Heather Stringer, *Improving Mental Health for Inmates*, 50 AM. PSYCH. ASS'N 46 (2019), <https://www.apa.org/monitor/2019/03/mental-health-inmates>.

<sup>10</sup> See Timothy Cunningham et al., *Vital Signs: Racial Disparities in Age-Specific Mortality among Blacks or African Americans – United States, 1999-2015*, MORBIDITY & MORTALITY WEEKLY REPORT (May 5, 2017), <https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e1.htm>.