



**Testimony in Support of Senate Bill 1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**

**Universal Health Care Foundation of Connecticut  
March 17, 2021**

Thank you for the opportunity to submit testimony in support of Senate Bill 1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

At Universal Health Care Foundation of Connecticut, we have a vision of health care that works for everyone. We envision health care that takes excellent care of all of us when we are sick, helps to keep us healthy and does not threaten our financial security. We see health care that values all the people who provide us care and helps them care for us in the best way possible. We envision health care that puts people first and is accountable to provide quality care for everyone, regardless of income, gender identity, sexual orientation, race, language of preference, immigration status, or geography.

We are supportive of many sections of this bill, for a variety of reasons, but ultimately, they all tie back to our mission of quality, affordable, equitable health care for all.

**Declaring racism as a public health crisis**

We support the declaration of racism as a public health crisis – we know that racism and all the forms it manifests threaten the health, well-being and lives of Black and brown communities that are part of the fabric of our state. Racism meets all three criteria of a public health crisis:

1. Racism affects large numbers of people;
2. Racism threatens health over the long term; and
3. Racism requires the adoption of large-scale solutions.

Social determinants of health are those factors outside of health care that impact health, like housing, education, environment, and socioeconomic status. Racism is also a social determinant of health and impacts social determinants of health, creating health disparities in communities of color.

The pandemic is one example of how racism is a public health crisis. Black and Latino residents experience higher rates of COVID-19 cases and deaths, because they are more likely to work in “essential” frontline jobs, live in more crowded housing and suffer from health conditions that can make COVID-19 infection more deadly. These circumstances are due to decades and centuries of income inequality, and housing and education discrimination.

Declaring racism as a public health crisis is only one step in the journey to making our state anti-racist. There must be action that aligns with this declaration. We must also pass anti-racist policy, ensure our institutions and systems operate under and espouse anti-racist values, and dismantle racism in our culture.

### **Certification of doulas**

We support the study, to be conducted by the Department of Public Health, to determine whether the department should establish a state certification process for a person to become a certified doula.

Doulas are one way of addressing the Black maternal mortality crisis and health equity concerns. Doulas are non-medical professionals trained in childbirth who provide emotional, physical, and informational support to a person who is expecting, is experiencing labor, or has recently given birth. A doula's purpose is to help people have safe, memorable, and empowering birthing experiences.

Black women are three to four times more likely to die during pregnancy or experience a pregnancy-related death than white women, regardless of socioeconomic status. Doula care services have been shown to improve outcomes for mothers and newborns. Increasing equitable access to these services, especially in under-resourced communities, could save lives.

This proposal is critical to doulas in the state. Title protection is crucial and provides stronger identity and credibility and prevents misrepresentation of the profession.

Doula care is an important part of ensuring quality, affordable, equitable care for all. If doulas have been shown to have better outcomes, we should ensure access for all who need their services, especially in Black communities.

### **Standardized collection of race, ethnicity, and language data**

Race, ethnicity, and language (REL) data is critical to identifying health disparities. We support this proposal that requires that any state, agency, or commission that collects REL data to disaggregate the data, ensure that REL data be self-reported, standardize categories, provide the option to individuals of selecting one or more ethnic or racial designations, and include an "other," and give individuals the option to select more than one category. With these requirements, the proposal seeks to facilitate the detection of health disparities.

Health disparities exist in our health care system. We have seen this in the current pandemic and across our history. If we as a state want to take a stand against systemic racism and progress towards becoming anti-racist, then we need to start by accurately documenting data to address where we fall short in providing equitable care. We also need robust data to be able to determine if those strategies that are meant to address health equity actually do so.

REL data collection is a critical component to be able to identify the immensity of the problem of health disparities. Only then can we address issues of social inequity faced by marginalized and minority communities. Without adequate REL data we will not have the tools necessary to eradicate racial disparities in health – and cannot ensure health for all.

### **Improve community benefit spending**

A community building and community benefit spending floor would ensure that non-profit Connecticut hospitals are investing in their communities and holding up their end of the tax-exempt bargain.

Connecticut currently has no minimum requirement for community benefit spending. Establishing a community benefit and community building spending floor would create accountability for hospitals to invest in their communities. Non-profit hospitals do not pay property taxes to their communities, causing these communities to lose revenue that could support community services like education or infrastructure. As a result, hospitals should be obligated to invest in the well-being of their communities, if they are exempt from taxes.

Creating a spending floor for community benefit would also ensure that communities across Connecticut receive comparable investments from their health systems. According to a [state report](#), in 2014, out of 30 acute care hospitals in Connecticut, 18 are located in communities with health outcomes worse than state averages. This reality illustrates the fact that hospitals are frequently located in communities that have unmet health needs and that could benefit from hospital investment. The community building spending floor holds hospitals accountable to community investment.

To strengthen this proposal, we have some suggestions for improvement:

- Require that the Community Health Needs Assessment and community participation reflect the demographics of the population served by the hospital;
- Define “meaningful participation” to set a standard for soliciting community input and engagement for CHNA and community benefits implementation strategy;
- Solicit public feedback by adding an annual public comment period on the Office of Health Strategy summary and analysis of community benefits program reports.

### **Other components of the bill**

We support other components of the bill, as well, including:

- The requirement for hospitals to include implicit bias training, as this form of racism can be deadly for patients;
- The establishment of a Truth and Reconciliation Committee to examine racial disparities in public health in the state; and
- The creation of a task force to examine and make recommendations to reduce racial inequities in maternal mortality and severe maternal morbidity.

**We support and urge passage of Senate Bill 1.**

This bill has many proposals critical for moving towards health equity in our state. If we are serious about becoming an anti-racist state, this bill puts us down this path. There is still much work to be done, but we applaud Senate Bill 1 for tackling so many crucial issues.

*Universal Health Care Foundation of Connecticut's mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is part of a broader movement for social and economic justice.*