



COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

January 2025 Report to the Connecticut General Assembly’s Public Health and Appropriations Committees and to the Office of Policy and Management

Commission Activities July 1 – December 31, 2024

Contents

Structural Racism in State Government Updates.....	2
Community Engagement & Strategic Planning	2
Early-Stage Strategic Planning Work	2
Subcommittees	3
Involvement with State Committees, Boards, and Summits.....	4
2025 Legislative Session Priorities	5
Racial Ethnic Impact Statements (REIS).....	5
Healthcare Affordability	5
Hospital Financial Assistance	5
Association Health Plans/ Employee Health Benefit Consortiums.....	5
Healthcare Costs	6
Medicaid Rate Increases.....	7
Advisory Body Appointments	7
Commission Meetings	9
September 5 th , 2024 – Regular Meeting.....	9
December 5 th , 2024 – Regular Meeting.....	9
2025 Commission Meetings	9
Additional Commission Information.....	9
Appendix.....	10

Structural Racism in State Government Updates

Pursuant to C.G.S. § 19a-133c, the Commission completed a structural racism report with recommendations on how to reduce race-based inequities in state government. The [report](#) entitled ***Dismantling Structural Racism Within Connecticut State Government*** was released in December 2023 and is available on the Commission website.

Following the release of the report, the Commission met with the Office of the Governor to outline the recommendations. On July 12, 2024, Governor Lamont signed [Executive Order 24-2: Achieving Equity in Connecticut State Government](#) which implemented many of the report's recommendations and established the Office of Equity and Opportunity. Housed within the Office of the Governor, the Office of Equity and Opportunity will be led by a Chief Equity and Opportunity Officer. On December 12, Governor Lamont [announced the appointment](#) of Mariana Monteiro to the role. The Commission will be happy to serve as a resource to the office if called upon.

Community Engagement & Strategic Planning

In February 2024, the Health Disparities Institute (HDI) at UConn Health was contracted to assist the Commission with its community engagement and strategic plan development.

The team at HDI includes:

- **Linda Sprague Martinez, PhD** – *Primary Investigator and Contract Lead* – Director of HDI and Professor in the Departments of Medicine, Public Health Sciences, and School of Social Work.
- **Valen Diaz, MPH, MCHES** – *Project Director* – HDI's lead staff member for this project, working closely with Dr. Sprague Martinez, and overseeing all contract activities.
- **Emil Coman, PhD** – *Biostatistician and Data Analyst* – HDI's biostatistician and an Assistant Professor-in-Residence in the Department of Public Health Sciences.
- **Trisha Pitter, MS** – *Community-Based Training Developer* – HDI's lead on community engagement and partnership building.
- **Gillian Betz, MPH, CHSE** – *Research Associate 1* and HDI's administrative support for the contract.
- **Community Research¹ Advisors and Community Faculty** – Connecticut residents from across the state who utilize their lived expertise to inform research questions and methods. These team members are receiving on the job training in research methods and public health basics. There are eight (8) Community Research Advisors (CRAs) and five (5) Community Faculty (CFs) with differing levels of experience in community-based work.
- **Community Research Team (CRT)** – Consists of HDI team, Community Research Advisors (CRAs) and Community Faculty (CF)

Early-Stage Strategic Planning Work

Commission staff and HDI worked with Access Health CT to implement a short survey for dissemination at Access Health CT events. The goal of the survey was to collect residents' perspectives on their needs, key concerns, and stance on proposed solutions to addressing barriers to accessing healthcare and a healthier life. The survey served as a source of data to inform the Commission's community engagement and strategic planning efforts.

¹ In the Commission's previous report to the CGA, the Community [Research](#) Advisors were erroneously referred to as Community [Engagement](#) Advisors.

The initial survey found that respondents who identified as Black, Hispanic/Latino, or more than one race, worried most about paying rent and felt the least safe in their neighborhoods. In contrast, those who identified as White worried least about paying rent and neighborhood safety. The survey had several limitations which included a small sample size (N=95), the geographic distribution of respondents was concentrated to specific areas, and there was limited racial/ethnic diversity with most respondents identifying as members of minoritized groups. While acknowledging the limitations of the survey, HDI consulted with the CRAs/CFs and Commission subcommittees in an effort to determine key themes to explore in focus groups and ways to improve upon data collection for the next phase of the project. The Community Research Team (CRT) identified three top priority areas to explore in focus groups. These included:

- Income, Employment, Cost of Living
- Health Care Access/Mental Health
- Living environment, climate, safety (housing as a subcategory)

Throughout November and December, the CRT conducted a total of nine focus groups in the following areas:

- Hartford
- Bridgeport
- New Haven
- Norwich/New London
- Willimantic/Windham

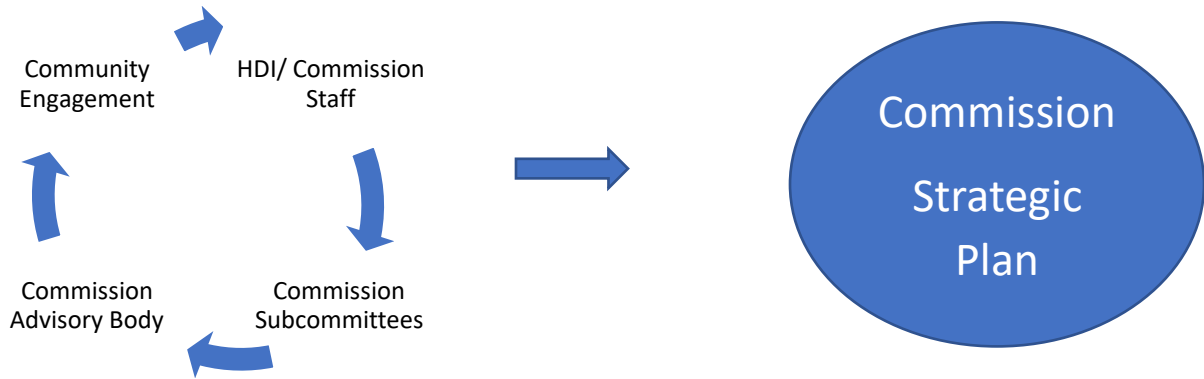
Focus groups were conducted in English, Spanish, and Jamaican Patois and a total of 69 residents were engaged.

Subcommittees

Subcommittees were revived with membership consisting of governmental and nongovernmental partners from diverse perspectives, professional roles, and lived expertise. Together, these individuals are working with Commission staff, HDI, the Community Research Team, and Advisory Body members to provide feedback to help develop the strategic plan. The vision is for community research findings to inform subcommittee policy conversations via a feedback loop which will ensure that the Commission's strategic plan is responsive to community priorities.

The five subcommittees are as follows:

- Health and Wellbeing
- Housing, Communities, and the Environment
- Criminal Justice
- Education and Economic Security
- Community Engagement



Subcommittee meetings began in the fall of 2024 and will continue throughout the development of the strategic plan. The CRT and the Commission is currently engaged in an iterative process with subcommittees to identify policy solutions and recommendations that are responsive to focus group findings.

Involvement with State Committees, Boards, and Summits

Opioid Settlement Advisory Committee (OSAC)

While the Executive Director has been on leave, Gretchen Shugarts, Commission Analyst, has continued to represent the Commission on the Opioid Settlement Advisory Committee (OSAC) and its research/data subcommittee. OSAC was established in 2022, in accordance with C.G.S. § 17a-674d, to ensure the proceeds received by the state from the opioid litigation settlement agreements are allocated appropriately towards substance use disorder abatement.

Office of the State Comptroller Healthcare Summits

Gretchen Shugarts has continued to represent the Commission in the Comptroller's Healthcare Cabinet meetings and its Urban Equity & Disparities subcommittee. The Comptroller's Healthcare Cabinet has brought together thought leaders, elected officials, policy makers, and providers to discuss obstacles faced by Connecticut residents and possible policy solutions.

Race, Ethnicity, Language (REL) Data Activities

Gretchen Shugarts has remained active within both the Office of Health Strategy's REL state agency convening as well as Yale University's REL network.

Prescription Drug Task Force

The General Assembly has recently established a bicameral/bipartisan task force consisting of diverse stakeholders tasked with addressing the rising cost of prescription medications. Gretchen Shugarts is representing the Commission on the task force and their various subcommittees. The Commission will monitor recommendations and any possible legislation, that stems from the creation of this task force

Commission Presentations

Over the last six months, Associate Commission Analyst Muna Abbas participated in conferences and presented to groups such as the Connecticut Student Loan Repayment Program, Connecticut Public Health Association annual conference, UConn School of Public Policy, and UConn Medical and Dental School.

2025 Legislative Session Priorities

As part of our charge and mission to make recommendations that decrease the effect of racism on public health, during the 2025 Legislative Session, the commission will monitor proposed legislation and provide policy analysis and testimony in key areas which include, but are not limited to, the following:

Racial Ethnic Impact Statements (REIS)

In 2018, the Connecticut General Assembly passed legislation ([PA 18-78](#)) on a bipartisan basis to expand the use of Racial Ethnic Impact Statements (REIS) in the legislative process. The statute stipulated that legislators could make a request for a REIS on certain proposed bills. The REIS would provide an analysis of a bill's potential impact, if any, from a racial equity perspective. Since the bill's passage, however, REIS has yet to be implemented. The Commission is pleased to have been assigned the responsibility for producing REIS, and in preparation, expects to hire two new staff members in 2025 to support its operationalization.

The Commission has consulted with other states as they have explored optimal processes for producing REIS. Through this process, the Commission has identified changes which we believe should be made to the statute to ensure that REIS operates smoothly. As a result, we are hoping a bill will be proposed to make necessary adjustments to the statutory language. These changes would ensure a more streamlined process, which considers the Commission's limited resources and short turnaround time for statements.

We anticipate the bill will be in the Government Administration and Elections Committee. We hope that, as in 2018, the changes we propose will once again proceed on a bipartisan basis. As such, we are in contact with all four caucuses and interested parties as we navigate the legislative process.

Healthcare Affordability

Due to increasing affordability concerns, the Commission will actively follow legislation addressing healthcare costs during the upcoming session. The commission anticipates some bills from prior sessions will reappear before the legislature in 2025. Some of these bills are discussed below:

Hospital Financial Assistance

In 2024, [HB 5320](#), An Act Concerning Hospital Financial Assistance, sought to improve financial assistance programs by requiring hospitals to provide pertinent information to patients at various points of contact. The bill also sought to streamline the application process by requiring all hospitals to use a universal application. In addition, the bill sought to increase transparency by requiring hospitals to submit annual reports detailing the extent to which charity care and financial assistance is provided. The Commission expects this bill to return in the upcoming session and will be prepared to offer testimony and/or recommendations.

Association Health Plans/ Employee Health Benefit Consortia

Also in 2024, [HB 5247](#), An Act Concerning Employee Health Benefit Consortia² was before the CGA's Insurance Committee. The bill sought to allow self-funded Multiple Employer Welfare Arrangements (MEWAs) to operate in Connecticut and would have allowed medical underwriting at the small group level. Due to the race-based health inequities in Connecticut, this practice would disproportionately disadvantage groups of color. The Commission will follow further developments on this bill.

² In 2023, a similar bill, HB 6710, An Act Concerning Association Health Plans and Establishing a Task Force to Study Stop-loss Insurance, was tabled for the House but ultimately died.

Healthcare Costs

According to a [Hartford Business Journal article](#), the Insurance Department has attributed rising health insurance premiums to two main factors: medical costs and prescription expenses. Over the past year, medical costs have increased by almost 9% and prescription expenses have increased between 12% and 19%.

In a recent report, the Office of Health Strategy (OHS) made [recommendations](#) where they highlighted some areas for improvement which have the potential to contain, and possibly decrease, costs. Two recommendations the Commission expects to follow relate to Healthcare Consolidations and Prescription Drug Affordability Boards (PDABs) which are discussed further below.

Healthcare Consolidation

The Office of Health Strategy released a report in early 2024 that examined the [impacts](#) of hospital and healthcare system consolidations in Connecticut. The study found that as hospitals and systems consolidated, they gained market power. The growth in market power resulted in increases in health care prices and greater use of “high profit” health care services such as cardiac and musculoskeletal care.

OHS has recommended continued monitoring and increased scrutiny of transfers of ownership and consolidation.

The Leukemia and Lymphoma Society (LLS) released a similar [report](#) on the impact healthcare consolidation has had on those in need of cancer care³. The report showed that after a hospital merger, hospital prices generally increase. The report detailed how highly concentrated markets reduced the ability of insurers and employers to negotiate with providers. The LLS found that increased costs are ultimately passed on to consumers in the form of higher premiums, deductibles & other cost-sharing mechanisms, and reduced wages. During the Insurance Department’s rate review hearing, representatives of the insurance companies in attendance confirmed this finding by the LLS by repeatedly referencing the concentrated market in Connecticut as a driving force behind their inability to negotiate with hospital systems.

The Commission is hopeful that given the increased attention brought to the problems associated with hospital consolidations, the legislature will find a bill before them addressing healthcare consolidations this session.

Prescription Drug Affordability Boards (PDABs)

Prescription Drug Affordability Boards (PDABs) are boards consisting of a variety of experts who are tasked with reviewing the cost of prescription drugs and making recommendations that could lead to potential savings.

In addition to the concentrated market, insurers have repeatedly referenced the cost of prescription drugs as a significant driver of healthcare expenditures. A PDAB in Connecticut would bring together local experts to examine the factors driving prescription drug costs in the state and explore ways to mitigate them. A PDAB could also collaborate with PDABs in other states and make policy recommendations that have been successful elsewhere.

³ Although the report is specific to people with cancer, the findings could be expanded to include our most vulnerable citizens which includes people of color.

In 2024, [SB 8](#), An Act Concerning Drug Affordability, was passed out of the Human Services and Judiciary Committees. The bill, among other things, sought to create a PDAB in Connecticut to advise the Executive Director⁴ of the Office of Health Strategy on issues relating to the affordability of prescription drugs.

Given the increasing concerns relating to the affordability of prescription drugs, combined with OHS' recommendation that Connecticut institute PDABs, the Commission anticipates the legislature may revisit this concept in 2025.

Medicaid Rate Increases

Medicaid is an important safety net program with 63% of non-elderly Medicaid enrollees in Connecticut being people of color⁵. However, Medicaid rates have not increased broadly since 2007⁶ leading to underpaid providers. When providers are underpaid, fewer providers accept Medicaid which has led to growing concerns pertaining to access to care for Medicaid enrollees.

At recent MAPOC meetings, several legislators expressed interest in addressing Medicaid rates again in the upcoming session. Should this happen, the Commission will be prepared to offer testimony.

Advisory Body Appointments

The existing roster of appointed Advisory Body members is provided in the chart on the next page. The rows in yellow indicate appointments made since the Commission's last report. Vacancies are noted in red text.

⁴ Section 90 of [Public Act 24-81](#) changed the title of the Executive Director of the Office of Health Strategy to the Commissioner of Health Strategy.

⁵ See August 2024 [Medicaid in Connecticut](#) Fact Sheet prepared by KFF.

⁶ See February 19, 2024 article by Katy Golvala/CT Mirror, [Report: CT Medicaid underpays many health care providers](#).

No.	Auth	Appointer	Qualifications in Statute	Appointee
1	SPRO	Looney, Martin M	a health disparities expert affiliated with an academic research institution and shall serve as cochairperson	Vacant
2	SPRO	Looney, Martin M	a representative of a violence intervention program using a health-based approach to examine individuals' post-incarceration and policies for integration	Jahad, Leonard
3	SPRO	Looney, Martin M	a representative of a philanthropic entity that focuses on racial equity	Donelson, Tiffany
4	SPKH	Ritter, Matthew	a representative of a nonprofit organization that focuses on health policy and racial equity issues and shall serve as cochairperson	Clarke, Ayesha
5	SPKH	Ritter, Matthew	a representative of a nonprofit organization that focuses on racial equity and community engagement	Hamilton-Burgess, Chavon
6	SPKH	Ritter, Matthew	an expert in immigration policy and law	López, Barbara
7	SMAJ	Duff, Bob	a representative of a nonprofit that focuses on equitable housing policy	Mirza, Faryal
8	SMAJ	Duff, Bob	a medical professional with expertise in diversity, equity and inclusion policy	Santos, Melissa
9	HMAJ	Rojas, Jason	a representative of a nonpartisan criminal justice policy and research entity	O'Rourke, Patricia
10	HMAJ	Rojas, Jason	a biostatistician or epidemiologist with knowledge of the effects of social-structural factors on health	Njoku, Anuli
11	SMIN	Harding, Stephen	a public health educator or researcher affiliated with an academic institution	Santella, Anthony
12	SMIN	Harding, Stephen	a current or former educator, school counselor or school nurse with public policy experience	Vacant
13	HMIN	Clarke, Ayesha ⁷	an expert in environmental impacts on human health who is affiliated with an academic institution	Brugge, Douglas
14	HMIN	Candelora, Vincent J	a representative of a nonprofit that focuses on economic research and policy	Charmelus, Carline
15	BPRC CHR	Miller, Patricia Billie	an education policy researcher affiliated with an academic research institution	Cotto, Robert

⁷ Pursuant to Public Act No. 23-204 Sec. 197(b)(5) and Sec. 197 (d) Chairs may appoint qualified individuals after a 60-day vacancy period. This designation holds until a successor is appointed pursuant to PA 23-204 Sec. 197(b)(5).

Commission Meetings

September 5th, 2024 – Regular Meeting

Muna Abbas, Associate Commission Analyst, announced the Governor signed Executive Order 24-2, implementing several recommendations from the Dismantling Structural Racism report and establishing a Chief Equity and Opportunity Officer for the state. The Health Disparities Institute provided an overview of the community engagement and strategic planning project. The Commission also heard a presentation by the Connecticut Department of Energy and Environmental Protection's Office of Equity and Environmental Justice on issues relating to Environmental Justice Communities. Previous meeting minutes and bylaws were adopted. The meeting agenda and minutes can be found [here](#). The CT-N recording of the meeting can be found [here](#).

December 5th, 2024 – Regular Meeting

Muna Abbas and Gretchen Shugarts shared Commission priorities for the 2025 Legislative Session. Dr. Sprague Martinez and Valen Diaz of the UConn Health Disparities Institute provided updates of the community-based participatory research project that will inform the Commission's strategic plan. The September 2024 minutes were adopted with revisions noted by Douglas Brugge⁸. The meeting [agenda](#) can be found on the Commission website. Meeting minutes will be posted once approved by the Advisory Body at the March 2025 meeting. The CT-N recording of the meeting can be found [here](#).

2025 Commission Meetings

Regular Commission meetings are scheduled for 10:00am-11:30am on the second Thursday of March, June, September, and December. Meetings can be held virtually, in-person, or hybrid. The location and mode of meetings is included in publicly posted meeting agendas, which can be found on the [Commission website](#) or the [State Agency Public Meeting Calendar](#).

2025 meeting dates:

March 13th

June 12th

September 11th

December 11th

Additional Commission Information

Over the summer, the federal Consumer Financial Protection Bureau sought comment on a [proposed rule](#) concerning medical debt. Gretchen Shugarts submitted written comment on behalf of the Commission which is attached to the Appendix of this report.

Commission Executive Director, Pareesa Charmchi Goodwin, is away on maternity leave and is due to return in early 2025. Commission staff, Muna Abbas and Gretchen Shugarts, continue the Commission's work with the support of the Advisory Body and the Health Disparities Institute.

⁸ Advisory Body member Douglas Brugge wanted meeting minutes to reflect that DEEP's environmental justice metric missed the most significant environmental exposure in CT which is local traffic pollution.

COMMUNITY ENGAGEMENT SURVEY INTRODUCTION & PROTOCOL

Introduction

This community engagement survey was developed and is being conducted in partnership with the Connecticut Commission on Racial Equity in Public Health with the support of the UConn Health Disparities Institute.

The Commission makes recommendations to the state's policymakers that would improve Connecticut residents' ability to attain their best health. Our vision is a healthy, racially equitable Connecticut. This feedback will inform Commission priorities.

Protocol

Survey Purpose: To inform the Commission on Racial Equity and Public Health's strategic planning process. Data collected will help the Commission to identify priorities as well as recommended solutions and to engage in goal setting.

Survey implementation: The survey is being implemented in partnership with Access CT. Specifically, Access CT navigators will provide survey flyers and materials that have a QR code and web site link, which will allow CT residents to directly to access the survey.

Sampling and Recruitment: We will use a non-random sampling strategy that involves availability to purposive sampling. The survey link will be shared by navigators at health fairs as well as through outreach and engagement events across the state.

Procedure: Navigators will be provided with information about the survey that includes a QR code. Navigators can either administer the survey or allow residents to complete the survey on their own.

Script: Hello, I am [Name]. I am a navigator with Access Health CT, and we are helping the state Commission on Racial Equity and Public Health. Your response will inform their strategic planning process. We are asking residents to share their opinions about health equity topics in CT to inform the commission's planning. The survey is anonymous, voluntary and will take about 5-7 minutes to complete. The questions are focused on your perceptions of food access, neighborhood safety and healthcare access, healthcare costs and housing.

- *Do you have any questions about the survey?*
- *Are you interested in participating?*
- *What language would you like to take the survey in?*
- *Would you like to fill it out on your own, or for me to read it to you?*

If the participant wants to fill it out on their own help them to scan the QR code. Have them select their preferred language and be sure to ask the participant to continue through the end of the items so that the survey is submitted.

If the participant prefers for you to read the question, proceed to scan the link, access the survey, and begin reading each item to them. Select their preferred language and be sure to continue through the end of the items so that the survey is submitted.

Once the survey is complete, thank the participant for their time.

Script: Thank you for taking this survey! Your feedback is crucial in shaping our next steps and will inform the Connecticut Commission on Racial Equity in Public Health's priorities. We appreciate your time.

Survey Link & QR Code

Link: https://uconn.co1.qualtrics.com/jfe/form/SV_eb0SXUIMSv3tFEq



SCAN ME

English / Spanish / Haitian Creole /
Portuguese (BR) / Albanian
inglés/ español / kreyòl ayisyen /
português (BR) / shqip

Survey Items

This survey is being conducted in partnership with the Connecticut Commission on Racial Equity in Public Health. The Commission makes recommendations to the state's policymakers that would improve Connecticut residents' ability to attain their best health. Our vision is a healthy, racially equitable Connecticut. Your feedback will inform Commission priorities.

- 1) Please select in which language you want to complete this survey:
Seleccione en qué idioma desea completar esta encuesta
Tanpri, chwazi nan ki lang ou ta renmen ranpli sondaj sa a.
Selecione em qual idioma você deseja preencher esta pesquisa.
Ju lutemi zgjidhni në cilën gjuhë dëshironi të plotësoni këtë anketë.
 - a. English / Inglés
 - b. Spanish / Español
 - c. Haitian Creole / kreyòl ayisyen
 - d. Portuguese (BR) / português (BR)
 - e. Albanian / shqip

2) Indicate how often you experience the following things.

Indicate how often you experience the following things.	Never ⁱ	Rarely	Sometimes	Most of the time
I can get fresh food in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford fresh food ⁱⁱ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year, I worried about paying rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have easy access to a family doctor ⁱⁱⁱ when I am sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about the cost of medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) For the following three questions, select the one solution you think is the most important. If a solution is not listed, write it under "other" and select that option.

- a. **I believe access to housing would be better^{iv}(choose the most important):**
 - If improvements were made to the housing voucher process
 - If more affordable housing units were built
 - If there were more programs to fix up existing buildings for safe housing
 - If there were less barriers to the rental process (credit score checks, minimum income requirements, and/or multiple months rent due upfront)
 - Other (Please specify _____)
- b. **I believe my neighborhood would be safer (choose the most important):**
 - If there were more well-lit sidewalks and parks for exercise and play
 - If there were more youth programs available
 - If police officers had better relationships with the community
 - If there were more violence prevention programs
 - Other (Please specify _____)
- c. **Getting the healthcare I need would be easier (choose the most important):**
 - If I didn't have to worry about medical bills
 - If I had someone to help with paperwork, transportation, and/or language translation services
 - If I had consistent health insurance coverage
 - If my insurance covered the services I need
 - Other (Please specify _____)

If you want to get the results of this survey, please enter your email in this box:

- 4) What is your race?^v Check all that apply.
- a. Hispanic or Latino/a/e
 - b. White
 - c. Black or African American
 - d. Asian
 - e. Middle Eastern or North African
 - f. American Indian or Alaska Native

- g. Native Hawaiian or Other Pacific Islander
 - h. Race not listed (Please specify _____)
- 5) If you checked Hispanic or Latino/a/e, which group(s) (i.e., Puerto Rican, Dominican, Mexican, Cuban, Columbian, etc.) do you identify with?
- a. (write in)
- 6) What is your gender identity^{vi}?
- a. Man
 - b. Woman
 - c. Transgender
 - d. Genderqueer or non-binary
 - e. Gender identity not listed (Please specify _____)
- 7) What is your age range?
- a. 18 – 29 years old
 - b. 30 – 39 years old
 - c. 40 – 49 years old
 - d. 50 – 59 years old
 - e. 60 – 69 years old
 - f. 70 years or older
- 8) Please write your home address street name (no street or apartment number!) _____
- 9) Please write your home ZIP code _____
- 10) What kind of health insurance do you have^{vii}?
- a. None
 - b. Through my employer or union
 - c. Purchased by myself directly
 - d. Medicare, for people 65 old or older or people with disabilities
 - e. Medicaid/HUSKY, for low income or disability
 - f. Veteran Affairs
 - g. Other (please specify _____)

Thank you for taking this survey! Your feedback is crucial in shaping our next steps and will inform the Connecticut Commission on Racial Equity in Public Health’s priorities. We appreciate your time.

ⁱ **All these** appear to be better suited for ‘never’, ‘rarely’, ‘sometimes’, ‘often’, ‘sometimes’. That’s how the fresh foods are asked in USDA, see below.

ⁱⁱ [USDA](#) uses this -duality: ‘insecurity’ vs ‘insufficiency’... Insufficiency is a 1 Q, but they ask about “of the kinds of food (I/we) wanted to eat”, here ‘fresh’ can be reworded ‘fresh and healthy’ I’d say.

ⁱⁱⁱ This ‘access’ question is often asked about ‘primary care provider’, most folks would answer yes otherwise because they think an ‘urgent care clinic’ is such access, but it’s not, this is about continuity of care too.

^{iv} a., b., c., should ask folks to rank order these answers: otherwise there may not be much information gained: in some communities, residents would want to endorse all of them. Alternatively, they can become a matrix, with ‘strongly disagree... Strongly agree’ options for answers, and the question can read like #1 “Indicate if you agree or disagree with the following statements.”

^v [US Census](#) will change it to this format

^{vi} This gender identity question is being tested by the American Community Survey this year: <https://www.ctinsider.com/news/article/proposed-questions-on-sexual-orientation-and-18671429.php>. Also, here is a resource Linda has used in the past that we can consider: <https://www.vanderbilt.edu/lgbtqi/resources/how-to-ask-about-sexuality-gender>

^{vii} See <https://www.census.gov/acs/www/about/why-we-ask-each-question/health/>



COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

August 9th, 2024

Re: Docket ID CFPB-2024-0023/ RIN 3170-AA54
Prohibition on Creditors and Consumer Reporting Agencies Concerning Medical Information
(Regulation V)

Dear Consumer Financial Protection Bureau:

Thank you for accepting this comment on behalf of the Commission on Racial Equity in Public Health (CREPH). We are a non-partisan commission within the Connecticut General Assembly charged with making policy recommendations to eliminate the impact of racism on health outcomes and social drivers of health. I appreciate the opportunity to submit this written comment in strong support of the proposed rule prohibiting medical debt from being reported to creditors and consumer reporting agencies.

[Racial inequities](#) in health, income, and insurance coverage play a role in the prevalence and burden of [medical debt](#), particularly for people of color. [Medical debt](#) is both a result of the cycle of economic and health inequity, as well as a contributor to it. In [Connecticut](#), it is estimated that 17% of residents of color are saddled with medical debt. In addition to carrying more medical debt, the [National Consumer Law Center](#) (NCLC) found people of color to be disproportionately more likely to be subject to debt collection. Furthermore, a [Propublica](#) study found that among groups whose debt resulted in legal action, Black communities faced the highest judgment rates which typically resulted in wage garnishment. The impact of medical debt extends beyond affecting a person's financial health. The stress associated with debt collection and/or legal action has a negative impact on both the mental and physical health of those faced with medical debt.¹

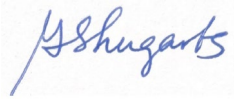
In the above referenced proposed rule, the Consumer Financial Protection Bureau (CFPB) seeks to restrict the reporting of medical debt to credit rating agencies in order to prevent such debt from affecting a person's credit report. The CFPB proposes to include third-party debt collectors such as medical credit card issuers in the definition of medical debt, making these parties subject to the conditions of this proposed rule. The Commission fully supports the inclusion of medical credit card issuers into the proposed rule. The Connecticut General Assembly recently passed [Public Act 24-6](#) (P.A. 24-6) restricting the reporting of medical debt to credit reporting agencies and was intentional about including medical credit card issuers into the legislation. The Commission would recommend that the CFPB consider the addition of penalties for violations pertaining to the reporting of medical debt. In Connecticut, P.A. 24-6

¹ Haynes, B.L. (2022). [The Racial Health and Wealth Gap: Impact of Medical Debt on Black Families](#). National Consumer Law Center.

states that "any portion of a medical debt that is reported to a credit rating agency shall be void." CREPH believes that adding a penalty for violations would encourage compliance.

Thank you for the opportunity to submit comment in support of RIN 3170-AA54, Prohibition on Creditors and Consumer Reporting Agencies Concerning Medical Information (Regulation V). We applaud the Consumer Financial Protection Bureau for introducing a rule that seeks to mitigate the negative financial impact medical debt can have on so many lives. As the [NCLC](#) succinctly summarized, "the physical and mental health impacts of carrying medical debt reinforce the racial health gap, worsening existing health disparities."² Thank you again for the opportunity to comment and for the important work being done at the federal level to address medical debt in the United States.

Sincerely,

A handwritten signature in blue ink that reads "GShugarts". The signature is written in a cursive, flowing style.

Gretchen Shugarts, MA
Commission Analyst
Gretchen.Shugarts@cga.ct.gov

² Haynes, B.L. (2022). [The Racial Health and Wealth Gap: Impact of Medical Debt on Black Families](#). National Consumer Law Center.