CONNECTICUT

DISCLAIMER: The views, statistical analysis, findings, and opinions expressed herein are not necessarily those of the Office of Minority Health, the Office of Public Health and Science nor the Department of Health and Human Services. The National Health Law Program, Inc. (NHeLP), under contract #282-00-0026, reviewed and analyzed existing state policies related to collecting racial and ethnic data by managed care organizations and health insurers. The information in this draft report contains the findings of NHeLP and not that of the Office of Minority Health, the OPHS, nor the U. S. Department of Health and Human Services. The study was conducted between October 2000 and May 2001. The policies and/or data per state may have changed since that time. The findings that have been updated in this draft report are the U.S. Census data (updated so that all data is from the 2000 Census) and the Center for Medicare & Medicaid Services (CMS)/HHS Medicaid data (updated from the June 30, 2000 to the December 31, 2002 reports).

CONNECTICUT

A. General and Health Demographics

Total Population	3,405,565
Percent Black Population	8.7
Percent American Indian and Alaskan Native Population	0.2
Percent Asian Population	2.4
Percent Native Hawaiian and Other Pacific Islander Population	0.0
Percent Hispanic Population (of any race)	9.4
Percent White Population	77.5
Other (some other race and two or more races)	1.8
Language Use - 1990 census data	
Percent Limited English Proficiency (LEP) Population	3.28 (7.37)
Health Care Delivery Profile	
Percent of Total Non-elderly Population Privately Insured (1997-99)	79.8
Percent of Total Population Enrolled in HMOs	40.75
Medicaid Enrollment (as of June 30, 2000)	385,239 (11.31%)
Medicaid Managed Care Enrollment	291,016 (75.54%)
Percent of Total Non-elderly Population Uninsured (1997-99)	13.2

B. Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Organizations

1. Statutes, Regulations, Policies, and Other Written Materials

Connecticut's Insurance Department regulates and oversees the operation of insurers, including health maintenance organizations. Connecticut uses the term "insurer" to encompass health insurance companies and hospital and medical service corporations. It uses the term

"health care center" to encompass health maintenance organizations (HMOs).[1] A managed care organization (MCO) is defined as "an insurer, health care center, hospital or medical service corporation or other organization delivering, issuing for delivery, renewing or amending any individual or group health managed care plan . . .."[2] This summary will use the term "insurer" to refer to health insurance companies and hospital and medical service corporations. It will use the term "MCO" as defined in the statute, unless there is a distinction made within the statutes or regulations regarding the issue being discussed.

Connecticut does not have any statutes, regulations, or policies that mandate, prohibit, or discuss the collection or reporting of racial and ethnic data.

Connecticut requires that all individual and group health insurance policies or any application related to the policies be filed with the Department of Insurance and receive departmental approval prior to their use.[3] If any of the documents appear to be unfair or deceptive, the Department will disapprove the form and forbid its use by the insurer.[4]

2. Discrimination

Connecticut prohibits discrimination on account of race, color, national origin, or ancestry in the access to any "place of public accommodation."[5] However, the statute does not define an insurance company as a "place of public accommodation" and there is no case law that addresses that issue.[6]

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[1] Conn. Gen. Stat. § 38a-175(9). A "health care center" is an entity that provides and arranges for the delivery of health care services in exchange for a "basic advance or periodic charge and shall include a health maintenance organization."

[2] Conn. Gen. Stat. § 38a-478. A "managed care plan" is "a product . . . that provides for the financing or delivery of health care services to [enrollees] though: (A) arrangements with selected providers . . .; (B) explicit standards for the selection of participating providers; (C) financial incentives for enrollees to use the participating providers . . .; or (D) arrangements that share risks with providers . . .."

[3] Conn. Gen. Stat. § 38a-481(a) (individual); § 38a-513(a) (group).

[4] *Id.* According to a phone conversation with Mary Ellen Breaudt, Department of Insurance, the Department would most likely question and disapprove any application that requested racial and ethnic information because of its possible harmful use by insurers.

[5] Conn. Gen. Stat. § 46a-64(a).

[6] Conn. Gen. Stat. § 46a-63(1). A place of public accommodation is "any establishment which caters or offers its services or facilities or goods to the general public. . .."

The state's unfair practices statute prohibits the denial of reimbursement under an insurance policy for services rendered because of an individual's race or color.[7] However, there is no provision that forbids an insurer from refusing to insure an individual because of his race, color or national origin. The only provision that specifically forbids discrimination on the basis of race, as to the premiums or rates charged for insurance coverage, relates solely to life insurance.[8]

However, each MCO must conform to all applicable state anti-discrimination statutes.[9] Therefore, an insurer or any other entity that operates a managed care plan is bound by Connecticut's civil rights statute.

3. Confidentiality

All managed care organizations must comply with state and federal confidentiality statutes and "ensure that the confidentiality of specified enrollee patient information and records in its custody is protected."[10] Also, managed care organizations must draft confidentiality policies and procedures to ensure the protection of enrollee's information.[11]

Moreover, by July 1, 2001, all insurers licensed in Connecticut, must comply with Title V of the Gramm-Leach-Bliley Act[12], which requires licensees "to establish privacy policies, develop systems for implementing those policies, . . . [and] protect personal information of consumers and customers. . .."[13]

C. Collection and Reporting of Racial and Ethnic Data by Other Health Care Entities

1. Department of Social Services (DSS)

a. Statutes, Regulations, Policies and Other Written Materials

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[7] Conn. Gen. Stat. § 38a-816(10).

[8] Conn. Gen. Stat. § 38a-447

[9] Conn. Gen. Stat. § 38a-478o(a).

[10] Conn. Gen. Stat. § 38a-478o(b).

[11] *Id.*

[12] 15 U.S.C. 6801 *et seq.*

[13] Department of Insurance Bulletin No. IC-14, dated October 23, 2000, to Insurers from the Insurance Commissioner, Susan Cogswell.

There are no state statutes or rules that require or prohibit the collection or reporting of racial, ethnic or primary language data by the DSS, which administers Connecticut's Medicaid and HUSKY Programs.[14] However, the Department does collect and report demographic information, including racial data, through HCFA Form 1500.[15]

In addition, the application for the HUSKY (SCHIP) program collects racial and language information for each child applying for benefits. The application states that the provision of the racial information is voluntary and the information is collected for statistical purposes only. Moreover, the application does not provide any racial categories from which the applicant can choose.

b. Discrimination

Because the Department of Social Services (DSS) receives federal financial assistance, it is bound by Title VI of the Civil Rights Act. Moreover, to maintain enrollment in the Medicaid program, a provider must "abstain from discriminating or permitting discrimination against any person or group of persons on the basis of race, color, . . ., [or] national origin. . .."[16]

In addition, the HUSKY application informs the applicant that the "application will be considered without regard to race, color, . . ., national origin, . . ., ancestry, [or] language barriers. . .."

c. Confidentiality

Because the Medicaid program is administered by a state agency, all records associated with that program and maintained by the Department of Social Services are deemed public records.[17] However, under Connecticut's Freedom of Information Act, medical records or information maintained by a government agency are not available to the public for examination or copying.[18]

2. Department of Public Health/Department of Mental Health

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[14] HUSKY Part A is the state's Medicaid managed care program operating under a Section 1915(b) waiver. HUSKY Parts B and C are Connecticut's SCHIP program. Connecticut's SCHIP program is a combination of a Medicaid expansion for children and the creation of a separate child health program.

[15] Conversation with Department of Social Services staff member on January 12, 2001.

[16] Conn. Agencies Regs. § 17b-262-526(2).

[17] Conn. Gen. Stat. § 1-210

[18] *Id.* § 1-210(b).

a. Statutes, Regulation, Policies, and Other Written Materials

The Department of Public Health (DPH) collects and requires health care providers to report racial and ethnic information for various medical conditions, diseases or programs. These are lead poisoning,[19] tumors,[20] infectious diseases,[21] long term care,[22] Healthy Start,[23] children with special health care needs[24] and hospital discharge data.[25] In addition, the Department of Public Health maintains race as a category within its vital records data system (births, deaths, adoptions and marriages).[26]

b. Discrimination

Because the DPH receives federal financial assistance, it is bound by Title VI of the Civil Rights Act of 1964. In addition, the Department of Mental Health cannot deny access to any of its facilities or services because of a person's race, color or national origin.[27]

c. Confidentiality

The Department of Public Health imposes confidentiality standards for the various data collection systems it oversees. All information and data collected by the Department of Public Health must be held confidential and must be used solely for the purposes of medical or scientific research.[28] This provision allows the exchange of personal data with any other

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[19] Conn. Gen. Stat. § 19a-110(b).

[20] *Id.* § 19a-2a-10(b)(1)(E)-(F).

[21] *Id.* § 19a-2a-12(b)(1)(D).

[22] Conn. Agencies Regs. § 19a-2a-9(b)(1)(E).

[23] *Id.* § 19a-2a-11(b)(1)(F)-(G).

[24] Conn. Agencies Regs. § 19a-2a-3(b)(1)(E).

[25] *Id.* § 19a-165q-2.

[26] *Id.* § 19a-2a-8(b)(1)(E),(G). Personal data in the vital records system is routinely obtained from hospitals, funeral directors, and town clerks.

[27] Conn. Agencies Regs. § 19-488-22.

[28] Conn. Gen. Stat. § 19a-25.

governmental agency for purposes of medical or scientific research, as long as the other agency also ensures the confidentiality of the information.[29]

In addition, the DPH is bound by Connecticut's Freedom of Information Act and medical records or information maintained by the DPH is exempt from public disclosure.[30]

D. Observations

Connecticut does not have any statutes, regulations, or policies that mandate, prohibit, or discuss the collection or reporting of racial and ethnic data.

Connecticut is one of the few states from which we have received practical information concerning the collection of racial and ethnic data by health insurers and managed care organizations with regard to the prior approval process. Although Connecticut does not have an explicit prohibition against the collection of racial and ethnic data, the Department of Insurance would most likely disapprove an application that requested such information.[31]

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[29] *Id.*

[30] Conn. Gen. Stat. § 1-210(b).

[31] *See* Breaudt Letter.