



Senate

General Assembly

File No. 361

January Session, 2003

Substitute Senate Bill No. 1096

Senate, April 15, 2003

The Committee on Human Services reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT EXPANDING COVERAGE OF MEDICAL ASSISTANCE TO PREGNANT WOMEN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective July 1, 2003*) The Commissioner of Social
2 Services shall seek a waiver from federal law to establish a
3 demonstration project in the cities of New Haven and Hartford and the
4 town of Windham that will allow pregnant women with incomes that
5 do not exceed three hundred per cent of the federal poverty level to
6 qualify for medical assistance benefits under the state children's health
7 insurance plan pursuant to section 17b-291 of the general statutes.

This act shall take effect as follows:

Section 1	<i>July 1, 2003</i>
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HS Joint Favorable Subst.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Department of Social Services	GF - Cost	Significant	Significant

Municipal Impact: None

Explanation

This bill requires the Department of Social Services to seek a federal waiver in order to establish a demonstration project allowing pregnant women with incomes up to 300% of the federal poverty level (FPL) to qualify for health coverage under the HUSKY B program. This demonstration project would be located in New Haven, Hartford, and Windham. Under current law, women with incomes up to 185% FPL qualify for Medicaid coverage. It should be noted that recent changes to federal law allow unborn children (which would include the coverage of pregnant women) to be covered under the State Children’s Health Insurance Program (SCHIP) through a state plan amendment, rather than a waiver.

Although the number of pregnant women in these cities between 185% and 300% of FPL is not known, this bill would result in a major expansion in the HUSKY B caseload. The average annual cost for prenatal, delivery and postpartum services is approximately \$6,000. Under the SCHIP program, these expenditures would be eligible for 65% federal reimbursement.

OLR Bill Analysis

sSB 1096

AN ACT EXPANDING COVERAGE OF MEDICAL ASSISTANCE TO PREGNANT WOMEN**SUMMARY:**

This bill requires the commissioner of social services to seek a waiver from federal law to establish a demonstration project in New Haven, Hartford, and Windham allowing pregnant women with incomes up to 300% of the federal poverty level (FPL) (currently \$36,360 for a family of two) to qualify for medical assistance coverage under HUSKY B, the state's subsidized health insurance program. By law, pregnant women can get Medicaid if their incomes do not exceed 185% of the FPL. Children up to age 19 can get HUSKY B coverage if their family's income is between 185% and 300% of the FPL.

EFFECTIVE DATE: July 1, 2003

BACKGROUND***State Children's Health Insurance Program (SCHIP) and Federal Waivers***

The federal SCHIP law provides block grants to states to offer subsidized health insurance to low-income families, through either Medicaid expansions or separate state programs. For every \$1.00 the state spends, the block grant pays the state \$.65. Connecticut's HUSKY B program uses SCHIP funds to provide subsidized coverage to children in families with incomes between 185% and 300% of the FPL. (Children in families with incomes under 185 % of the FPL can get Medicaid, which offers states a 50% matching rate.)

The federal government has granted Health Insurance Flexibility and Accountability demonstration waivers of federal Medicaid and SCHIP laws to allow states to expand health care coverage. In some cases, states are able to receive the higher SCHIP federal match to help pay for the expansion.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 12 Nay 6