



House of Representatives

General Assembly

File No. 647

January Session, 2005

House Bill No. 6542

House of Representatives, May 3, 2005

The Committee on Appropriations reported through REP. MERRILL of the 54th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT PROVIDING THE COMMISSIONER OF SOCIAL SERVICES WITH AUTHORITY TO SEEK A MEDICAID WAIVER FOR FAMILY PLANNING SERVICES.

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

- 1 Section 1. (NEW) (*Effective July 1, 2005*) The Commissioner of Social
2 Services shall apply for a Medicaid waiver, pursuant to Section 1115 of
3 the Social Security Act, for the purpose of providing coverage for
4 family planning services to adults in households with income that does
5 not exceed one hundred eighty-five per cent of the federal poverty
6 level and who are not otherwise eligible for Medicaid services.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2005</i>	New section
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HS *Joint Favorable C/R*

APP

APP *Joint Favorable*

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-Effect	FY 06 \$	FY 07 \$
Department of Social Services	GF - Cost	Potential Indeterminate	Potential Indeterminate

Municipal Impact: None

Explanation

The bill requires the Department of Social Services to apply for a federal Medicaid waiver in order to cover family planning services for adults with incomes less than 185% of the federal poverty level, who are not otherwise eligible for Medicaid. DSS will incur a minimal increased administrative cost to develop and submit the waiver. If the waiver is accepted, the Medicaid program will incur increased programmatic costs to provide these services to a new client pool. The extent of these increased costs will be dependent upon the number of people who will take advantage of this coverage, which is not known at this time. Any increased expenditures would be subject to federal financial participation under the Medicaid program.

OLR Bill Analysis

HB 6542

AN ACT PROVIDING THE COMMISSIONER OF SOCIAL SERVICES WITH AUTHORITY TO SEEK A MEDICAID WAIVER FOR FAMILY PLANNING SERVICES**SUMMARY:**

This bill requires the commissioner of the Department of Social Services (DSS) to apply for a federal "Section 1115" waiver to provide Medicaid coverage for family planning services to adults in households with income up to 185% of the federal poverty level (FPL) (currently \$29,766 annually for a family of three) who are not otherwise eligible for Medicaid. In general, adults who are not aged or disabled qualify for Medicaid in Connecticut only if they (1) have children who receive Medicaid and (2) have incomes no higher than 100% of the FPL (\$16,090 for three people). Family planning services are eligible for a 90% federal Medicaid match; the state's normal federal match is 50%.

EFFECTIVE DATE: July 1, 2005

BACKGROUND***Medicaid Family Planning—Mandatory Coverage and Section 1115 Waivers***

Since 1972, federal law has mandated that states running Medicaid programs offer family planning services to individuals of childbearing age, within the confines of the state's program eligibility requirements. Currently, women with incomes up to 100% of the FPL who have children receiving Medicaid are entitled to such benefits in Connecticut.

States wishing to offer services or eligibility outside these rules must seek a waiver to do so. The 1115 waivers (also called research and demonstration waivers) give states flexibility in how they design the programs and many states have obtained them in order to expand coverage to groups of people who would not normally qualify for

assistance.

In order to get a waiver, states must show that these programs are budget neutral. States that have received family planning waivers to allow women with higher incomes to have access to Medicaid-funded care have shown budget neutrality by demonstrating that the cost of providing the services is less than what the state would spend to cover the costs of pregnancies that might occur without the waiver. In Connecticut, women with incomes up to 185% of the FPL can get pregnancy and post-partum coverage under Medicaid.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Change of Reference
Yea 16 Nay 0

Appropriations Committee

Joint Favorable Report
Yea 49 Nay 0