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PUBLIC HEALTH COMMITTEE

**TO: Senator Jonathan A. Harris, Committee on Human Services, Chair
Representative Peter F. Villano, Committee on Human Services, Chair**

FROM: Representative Michael A. Christ, 11th District

DATE: February 27, 2007 Committee on Human Services Public Hearing

RE: Testimony in Support of Proposed Bill 5640

Thank you for the opportunity to speak to you about HB 5640 AAC Increased Access to the Medicaid Program for the Medically Needy, which concerns the spend down program in Connecticut. Spend downs apply to people who are eligible for Medicaid to the aged, blind, and disabled program, but whose monthly incomes exceed the current income limits (\$476.19 per month or \$574.86 for Fairfield County). They must incur enough medical bills within a six month period to "spend down" to qualify for Medicaid. One of the biggest implications is that many individuals go off and on their Medicaid coverage, which is disruptive to their continuity of care and many end up in the hospital.

An increase to the income limit for Medicaid to the elderly and disabled is long overdue. The current limits are at approximately 60-70% of the Federal Poverty Level, which have not been increased since 1990. The effect of spend down is that it leaves thousands of people with very low-incomes and significant health needs grappling with an extremely complicated and frustrating program that makes it difficult for people to access coordinated care. Medicare Part D has compounded the problem by making it even harder to qualify for Medicaid.

An example, I had heard of an individual who was living in their own apartment. Due to a spend down issue, this individual had to have their meds switched to samples and lost VNA monitoring. The individual became psychotic and was hospitalized. In the process due to behavior issues the individual was evicted from the apartment. This person is currently staying in respite after discharge from the hospital with no clear plan for follow up.

Other accounts range from individuals like the one previously mentioned to a couple who will have to divorce to lower their spend down.

SB 117 addresses the same problem, but HB 5640 has the correct technical language necessary to implement the income disregard in accordance with federal regulations. HB 5640 will not change the medically needy income limit, but will rather use a new disregard specific to the elderly and disabled to ensure parity with the adult HUSKY population in terms of their actual income limit. The proposal does this by applying a special income disregard applicable only to aged, blind or disabled individuals and only under the Medicaid program.

I ask that this committee act favorably on this bill. Thank you for your attention.