ACCY Advocates for Connecticut's Children and Youth

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Testimony Supporting:

H.B. No. 6693, An Act Concerning Creation of a State Health Care Plan
H.B. 6332, An Act Increasing Access to Health Care

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Public Health Committee Public Hearing

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Dear Senator Handley, Representative Sayers and Members of the Public Health Committee:

Sharon Langer is a Senior Policy Fellow, and Mary Glassman is Director of Legislative Affairs with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. We submit this written testimony on behalf of the sister lobbying organization – Advocates for Connecticut's Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We strongly support the purposes of H.B. 6693, An Act Concerning Access to Affordable, Quality Health Care, and H.B. 6332, An Act Increasing Access to Health Care and commend members of the Legislature for recognizing the need to provide all Connecticut children and families with access to quality, affordable health care and making health care a priority for the 2007 Legislative Session.

There is no dispute that uninsured children and families who do not have access to preventive care are often forced to forego needed care or seek more costly emergency room medical care – shifting health care costs to providers and taxpayers. So it not only makes medical sense to provide access to health care to these children and families, it makes economic sense as well.

In crafting a health care plan for Connecticut this session, it is essential for legislators to address improvements to the HUSKY system to keep children healthy and insured. Legislators should consider HUSKY coverage for low-income families as the base upon which to build efforts to improve coverage for higher income uninsured persons. It makes sense to restore trust and stable coverage in this important program and to address the problems of the neediest first before adding solutions to help others.

As you know Connecticut HUSKY program provides low-cost or free health care coverage to more than 300,000 children, parents and pregnant women. Although HUSKY has a record of being successful in reducing the number of uninsured families in the state, recent cutbacks and confusion about program rules have threatened its success. Since June 2005, HUSKY enrollment has dropped by 19,000 persons, about 15,000 of them are children under the age of 19.

While there is no magic solution to the health care problem in Connecticut, focusing on improvements to HUSKY would have a significant impact on reducing the number of uninsured children and families in our state.

Ways to improve the HUSKY program include:

At the very least, we should:

- Restore "continuous eligibility" which provides one year of coverage for children regardless of fluctuations in family income;
- Align parent, pregnant women, and child income eligibility levels up to 300 % of the Federal Poverty Level (FPL). Currently parents are eligible up to 150% of FPL, and pregnant women to 185% of FPL while their children are eligible for subsidized coverage up to 300% of FPL. (Research shows that covering parents improves coverage for children);
- Restore funding for outreach and application assistance (H.B. 6332 rightly acknowledges the need to "increase[ ] funding for HUSKY outreach programs");
- Combine the administration of HUSKY, Parts A and B in order to reduce administrative costs.

Of utmost importance, and recognized in H.B. 6332, we should:

- Reimburse HUSKY health care providers at a level that encourages participation by primary, specialty, and ancillary care providers. A recent survey by the Department of Social Services found that only 25% of new enrollees were able to make an appointment for routine care with a health care provider.

Other ideas we should pursue:

- Coverage during pregnancy for undocumented pregnant women since these children will be HUSKY A eligible U.S. citizens;
- Coverage of undocumented children under HUSKY;
- Coverage for treatment of tobacco dependence under HUSKY;
- Ensure state-funded coverage for applicants who make a good-faith effort to obtain documents to prove their citizenship and identity, but are unable to do so within the required federal timeframe;
- Reverse plans to require low-income HUSKY parents to pay new premiums and co-pays;
- Create a more graduated premium structure in the HUSKY B program. Eliminate the "cliff" that occurs when family income exceeds 300% of FPL. Over 300% of FPL, the cost of health insurance for children in HUSKY B is not subsidized by the State, so the cost of premiums rises dramatically, making it unaffordable for many families.

Thank you for the opportunity to share these recommendations with you. While the HUSKY program has helped reduce the number of uninsured children and families since its inception in 1997, it is now time for some much needed improvements to the HUSKY system which will enable even more children and families to get the cost effective and health care they need most.

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