State of Connecticut
GENERAL ASSEMBLY

COMMISSION ON CHILDREN

Testimony of
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Human Services Committee
Public Hearing
February 15, 2007

Senator Harris, Representative Villano, and Members of the Committee:

Thank you for this opportunity to testify on behalf of the Connecticut Commission on Children in support of Proposed S.B. 246, *An Act Concerning Home and Community-Based Services for Families with Special Needs Children* and HB 6279, An Act Concerning Support Programs for the Homeless.

As the General Assembly prepares to debate how best to improve access to quality health care for vulnerable children and families, we urge you to ensure that any health care bill that passes pays special attention to the needs of the thousands of Connecticut children with special health care needs and their families. S.B. 246 provides an excellent model for that legislation.

The Commission on Children, as a member agency of the State Family Support Council, works closely with families of children with special health care needs. We hear their stories, challenges and heartbreaks. We encourage you to approve this bill on their behalf.

Families of children with special health care needs face extraordinary challenges and catastrophic costs meeting their needs for health care and family support. These families are almost always underinsured for the high-cost treatment and services required to care for such a child at home or in another setting.

Children who might be better served at home with proper supports end up in a costly hospital or other institutional setting. Due to underinsurance, parents of these vulnerable children are left lacking assistance, resources and options.

Family income and savings can be quickly depleted to pay for noncovered services, regardless of the family's economic standing, and the family likely faces mounting debt. Government help with special needs health costs reaches only a portion of eligible families.

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For many such families, affordable health care is not even a dream. The unpaid bills that may total tens of thousands of dollars is a nightmare.

These families even face a challenge obtaining information about their options and lack thereof. The numerous state government programs that these families must navigate are run by five state departments, which are often not in contact with one another around these issues. Other legislation before the General Assembly this session (S.B. 331) would improve oversight and accountability for these programs.

Proposed S.B. 246 does four important things to address the underinsurance problem for children with special health care needs:

- Allows the state to take advantage of the federal Family Opportunity Act to help families whose commercial insurance does not cover all the health care costs accrued by their child with special health care needs. Families would be able to buy in to Medicaid to use supplemental insurance. The benefit to the state would be that it takes advantage of a federal option and would be supplemented by a federal match of 50 percent of expenditures. Families would supplement costs through the payment of a premium based upon their income. Families could have the premium waived or could get a credit based on the amount of money they spend on commercial insurance premiums.

- Provides for the development of a pilot program for health coverage for children with special health care needs whose families have income over 300% of the poverty level. Families could contribute to the cost by paying a premium.

- Uses designated unspent plan dollars from the HUSKY B insurance program (SCHIP) to extend coverage for health care costs of children with special health care needs, such as expanded home care and durable medical equipment. Families would pay a monthly income-based premium. The benefit to the state would be a higher federal match than the Medicaid federal match. SCHIP funds have a 65-35 federal-state match for expenditures.

- Allows 20 more families to be served under the Katie Beckett Waiver, which enables severely disabled children and adults to be cared for at home and be eligible for Medicaid based on the individual's income and assets alone. Without the waiver, the income of legally liable relatives is counted when the individual is cared for at home. Many families are in need of this waiver, and there is a 3-4 year waiting list for the 180 funded slots. The state authorized the 20 additional slots in law, but those slots have not yet been funded.

S.B. 246 would take comprehensive action to provide greater health care access to vulnerable families of children with special health care needs. The Commission on Children supports the bill.

HB. 6279, An Act Concerning Support Programs for the Homeless

The Commission supports this bill and the policy direction of a strong partnership with the Regional Council of Governments. We urge a special attention to the over 13,000 children living in homeless shelters and current efforts by the Department of Social Services to fund on sight "child advocates" to help coordinate and provide comprehensive services to children and families. These efforts should also be coordinated with the successful Beyond Shelter Program administered by the Department of Social Services that tries to prevent homelessness and work locally with property owners and other stakeholders to address the underlying causes of homelessness. We should build on what is working and enhance these efforts.

Thank you for this opportunity to present the views of the Commission on Children on this important bill. We look forward to working with the Committee to ensure that every family of a child with special health care needs has access to quality health care and family support.