



**Human Services Committee
March 4, 2008**

AARP Supports S.B. 562, H.B. 5796, and S.B. 558,

**AARP Supports S.B. 562
Increasing Medicaid Eligibility for Aged, Blind and Disabled**

AARP urges the Human Services Committee to support S.B. 562 to extend Medicaid coverage to people who are elderly, blind or disabled with incomes up to 185% of the Federal Poverty Level, making it equal to the income eligibilities current available to parents and caregivers of HUSKY children. Currently, Connecticut provides Medicaid coverage for the elderly, blind or disabled up to just 60% of the Federal Poverty Level. Although the Legislature raised the income eligibility on Medicaid for almost all other low-income populations last year, it did not raise the income level for the aged, blind, and disabled. This is an extremely important equity issue that AARP believes must be addressed.

**AARP Supports H.B. 5796
Expanded Eligibility to Specified Low-Income Medicare Beneficiary Program and
the Qualifying Individual Program**

AARP supports H.B. 5796, which will increase access to Medicare Part D low-income subsidies by expanding eligibility for Medicare Savings Programs. While Part D imposes an asset limits (\$6,000 to \$20,000) to qualify for federal “extra help”, beneficiaries of Medicare Savings Programs (MSP) are automatically entitled to Part D subsidies regardless of assets or income. AARP believes that the changes described in H.B. 5796 will effectively increase participation in Medicare Savings Programs, provide richer benefits for low-income beneficiaries, and in turn reduce Connecticut's ConnPACE

expenditures by maximizing the number of ConnPACE recipients receiving federal low-income subsidies.

<p style="text-align: center;">AARP Supports S.B. 558 Medicaid Hospice Benefit</p>

AARP supports S.B. 558 “An Act Concerning the Availability of Hospice Services Under the Medicaid Program.” This bill would amend the state's Medicaid plan to pay for full hospice services for terminally ill beneficiaries. Connecticut is one of just three states—along with New Hampshire and Oklahoma—that does not provide a full hospice benefit under Medicaid. While the federal Medicare plan pays for physical and spiritual hospice care for its beneficiaries, low-income younger people with terminal illness who rely on Medicaid, do not receive the same level of support. Those Medicaid patients are not able to receive Medicaid-covered hospice care in nursing homes. The proposed change in S.B. 558 would help close the gap in Connecticut’s hospice coverage. AARP asks the Human Services Committee to make this addition to our state’s Medicaid plan.