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**Connecticut General Assembly
 Committee on Human Services
 March 4, 2008**

My name is Steven Kilpatrick and I am an attorney with Connecticut Legal Services, Inc. in Bridgeport. I primarily advise and represent the elderly. Today I submit testimony in support of **S.B. 562, AN ACT CONCERNING INCREASED ACCESS TO THE MEDICAID PROGRAM FOR THE MEDICALLY NEEDY ELDERLY AND DISABLED.**

The Medicaid medically-needy income limit in this State is woefully low, and as a result, many of my elderly and disabled clients with incomes at the Federal Poverty Level - \$867 per month - cannot obtain active Medicaid coverage without first meeting a spend down. The spend down is one of the most complicated procedures that I must explain to my clients. In sum, a person's spend down is an amount which is the difference between the monthly Medicaid medically-needy income limit and the person's monthly net income – multiplied by six. Over a six month period, the individual must incur medical bills equal to that amount and provide copies to the Department of Social Services caseworker. When enough bills are collected to meet the spend down, the person's Medicaid is activated and Medicaid pays for all prospective and covered medical expenses, but only until the end of the six-month spend down period. At the end of six months, the spend down process starts all over again. This means that the individual has active Medicaid but only for a limited time, and then that Medicaid becomes inactive again.

Currently, I have an elderly woman client who is subject to a Medicaid spend down due to the increase in her husband's veterans benefit. While she would be eligible for Medicaid without a spend down if she were single – since her Social Security retirement income is so low



– because she is married, both spouses’ incomes are counted in determining eligibility, and she is thus subject to a Medicaid spend down. Consequently, she has no Medicaid coverage, which means, among other things, no dental coverage and no non-emergency medical transportation coverage. Moreover, my client’s husband gets an increase in his veterans pension, and has health coverage through the VA, but my client must suffer through the Medicaid spend down process. An increase in the Medicaid medically-needy income limit would solve this unfairness.

Additionally, what many of my clients do not understand is the fact that they are still financially liable for the medical bills they incur prior to any Medicaid activation. Consequently, many individuals find themselves burdened with large amounts of medical debt. Along with medical debt comes debt collection attempts, which from my experience as an attorney in the Consumer Law Project for Elders, means at best, day and night abusive and harassing telephone calls from debt collectors, and at worst illegal garnishment of exempt income by debt collectors.

In order to stop these pathetic situations, I urge this committee to support a long-overdue increase to the Medicaid medically-needy income limit, which would allow more low-income elderly and disabled persons to gain important Medicaid coverage.