



Advocating for Older Adults of Today and Tomorrow

Testimony of

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Human Services Committee

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Thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. For fifteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed to ensure a continued commitment to services and supports for individuals in need. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Senate Bill 528: An Act Concerning Medicaid Income Eligibility Requirements
~CoA supports

The CT Commission on Aging supports this effort to cover more individuals through Medicaid by increasing the income limits for this worthy program. Expansion of health care coverage is a goal for our state and our nation, and utilizing the Medicaid program would maximize federal funds to Connecticut. One of the target populations for any healthcare expansion ought to be the group of individuals aged 55-64, who are not yet eligible for Medicare, but may not have access to comprehensive employer-sponsored health insurance.

The Commission would also like to alert the Committee to the cuts proposed by Governor Rell in her budget proposal for FY '10-'11. Many of these cuts, including the addition of copayments, would dramatically affect the way current Medicaid enrollees receive their healthcare. While we consider expansion of access to health care to be laudable, the Commission is also opposed to these proposed reductions of services for current enrollees.



*House Bill 6146: An Act Concerning Eligibility Limits for Medicare Savings Programs
~CoA Supports*

OPM Secretary Genuario called this initiative one that gives “big bang for the bucks.”

This innovative legislation maximizes federal funds coming into Connecticut and can help almost 40,000 older adults and persons with disabilities in Connecticut with Medicare costs each year, by doing the following:

- The State of Connecticut, with help from the federal government, pays for Medicare Part B premiums, copayments and deductibles for clients in Medicare Savings Programs.
- Increasing the state’s income disregard levels for Medicare Savings Programs will effectively increase eligibility limits for these programs. The Office of Fiscal Analysis estimates that almost 40,000 additional older adults and persons with disabilities in Connecticut would be able to access the Medicare Savings Programs each year.
- Those enrolled in Medicare Savings Programs are also, under federal law, automatically eligible for Low Income Subsidies in the Medicare Part D program.
- Therefore, more individuals would be able to receive prescription drugs through Medicare Part D, shifting the cost to the federal government and away from the state-funded ConnPACE program.

Making this change will therefore benefit individuals in two ways: 1) almost 40,000 additional individuals will receive help paying for their Medicare Part B cost-sharing (including copayments, deductibles and premiums); and 2) about 20,000 ConnPACE enrollees will likely switch to receiving prescription drugs through the Medicare Low-Income Subsidy, reducing their current ConnPACE copayment of \$16.25.

The Commission supports this initiative, which maximizes federal revenue and provides health care and prescription benefits to older adults and persons with disabilities. The Office of Fiscal Analysis in 2008 predicted a total state cost of only \$3 million for this innovative proposal—costing about \$75 annually per new enrollee.

It should be noted that this bill is the same bill as HB 5056, which has already been heard by this committee.

*House Bill 6400: An Act Concerning the Strengthening of Nursing Home Oversight
~CoA Supports*

Over the past two years, numerous nursing home closures have alarmed Connecticut’s policymakers as well as families of nursing home residents. These closures have resulted primarily from financial difficulties, ranging from low Medicaid reimbursement rates to alleged misuse of funds. Closures have not been made in any planful way, based on geographic need for nursing home beds; instead, they have been based strictly on individual nursing home finances.

When facilities close, the nursing home residents are uprooted and quality of life can diminish. A move to a new nursing home can be difficult for them, and also for their families.

The CT Commission on Aging supports initiatives to provide greater oversight of taxpayer dollars, that improve the quality of life and health for nursing home residents and that consider emerging demographics which will impact how long-term care is delivered in our state.

The Long-Term Care Needs Assessment, conducted by the UConn Health Center, Center on Aging, has specific recommendations for improving Connecticut's long-term care system. We urge the Committee to look to that comprehensive document for additional initiatives.

Again, thank you for the opportunity to comment today and for tackling these important issues.

As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.