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Testimony of Speaker of the House Christopher G. Donovan
To the Human Services Committee in support of:
HB 6588, AAC Domestic Violence and Child Trauma and
HB 6587, AAC the Department of Social Services' Establishment of a Basic Health Program
March 15, 2011

Good morning Representative Tercyak, Senator Musto, and members of the Human Services Committee. Thank you for this opportunity to speak on two of the important proposals before your committee today.

HB 6588, AAC Domestic Violence and Child Trauma

This legislation, along with a bill that will be filed with the Judiciary Committee in the coming days, comprises the 2011 legislative recommendations of the Speaker's Task Force on Domestic Violence. The bipartisan task force has met with dozens of advocates, survivors, judges, prosecutors, attorneys, law enforcement officers, support service providers, and state agency staff. In 2010, this input helped shape the most sweeping changes to our domestic violence statutes since the Tracey Thurman Law passed in 1986. We have seen a lot of progress since 1986, but tragically, domestic violence continues to plague families in all of our communities.

Unemployment and the financial strain of the prolonged economic downturn would add stress to any relationship, especially one where violence is already present. According to a survey conducted last fall, 93% of Connecticut's domestic violence programs reported a recent uptick in demand for services, including emergency shelter and transitional housing; counseling and legal advocacy; and other support and resources provided through the state's domestic violence hotlines. With the help of federal stimulus funding, the FY 11 budget included funding for 24/7 coverage at domestic violence shelters. The presence of support staff can mean the difference between keeping a victim safe and that victim returning to his/her abuser and the cycle of violence. I appreciate the Governor's consideration of this important issue and that his proposed budget maintains current state funding levels for domestic violence shelters. I will continue working to identify funding to make up for the loss of stimulus money and preserve staffing levels at emergency shelters.

Recent studies have shown a strong link between untreated traumatic exposure and poor health outcomes, incarceration, unemployment and violence. This bill incorporates trauma-informed care principles in the treatment of domestic violence victims to address some of the short and long term impacts of domestic violence. The bill also expands the definition of bullying to include teen dating violence, so that it is subject to the same reporting, investigation, notification and intervention protocols as school bullying. Finally, this bill formalizes statewide procedures for notifying the Department of Children and Families of domestic situations where a child may be endangered but no one in the home is charged with risk of injury to a minor.

I would like to take this opportunity to express my appreciation to Rep. Mae Flexer, Chair of the task force and all of the members who have been working tirelessly on these important changes. I would also like to thank the

chairs of the Human Services Committee for raising these bills. I urge your continued support for these critical proposals.

HB 6587, AAC the Department of Social Services' Establishment of a Basic Health Program

The Basic Health Program (BHP) option is available under the federal Patient Protection and Affordable Care Act to help states like Connecticut provide healthcare to low income individuals between 133 and 200% of the federal poverty level. Implementing this option would save the state \$50 million a year by substituting current state Medicaid spending for new federal Basic Health dollars without reducing benefits or increasing cost shares to this needy population. Although these individuals would be eligible for premium subsidies for the new health insurance exchange, their cost sharing for commercial insurance will likely create access barriers. Under this option, Connecticut will receive a federal reimbursement rate equivalent to 95% of the federal subsidies. Dr. Jonathan Gruber of MIT projects that the federal payments Connecticut receives will exceed the cost of covering these adults through BHP-funded HUSKY. This excess federal money cannot go to the General Fund, but it can be used to increase provider rates and improve access to BHP health care providers. This proposal is a win for low income adults and the state General Fund and I urge your support.