Testimony for the Appropriation Committee
February 22, 2012
House Bill 5014 – Medicaid Low Income Adult Program Restructuring
Barbara Sloan

Dear Committee Members:

Thank you for reviewing my testimony relevant to Medicaid for Low-Income Adults (MLIA).

I am a former mental health and substance abuse program manager who has supervised the treatment of thousands of young and middle-aged adults. Before that, I worked in a Medicaid services program in another state, where I was also the county Medicaid troubleshooter.

Due to your vision, Connecticut was the first state in the nation to add low-income adults to Medicaid under the Affordable Health Care Act. It would be a mistake to now limit these benefits, since federal law requires covering these people in 2014, only a short time after the proposed change would take affect.

Federal funds now pay 50% of the cost of covering these citizens. In 2014, federal funds will cover 100% of the costs.

Meanwhile, Connecticut would be instituting a two-tier Medicaid system with lower benefits for these adults, based on no other criteria than their age and perhaps assets. This would be inconsistent with prior Connecticut policy.

In the past, the Legislature found that counting assets made very little difference in the total cost of the ConnPACE program and therefore decided not to pay the administrative costs of determining assets.

In the case of most low-income young people, there would generally be little in the way of assets to count. The administrative costs would probably not be worth any savings achieved.

It is not clear whether federal rules for Medicaid permit counting the income of the families of young independent adults. Families are not required to provide for adult children.

In my experience working with thousands of adults, most want to be independent. They want to work and pay taxes and pay for their own health insurance. Those who cannot work due to disability or illness need and generally want only a safety net that helps get them back on their feet and back to being working adults who support the state rather than take resources from it.

I urge you not to make these changes in the MLIA program for the short term until Connecticut begins to receive 100% reimbursement for the Medicaid coverage of these citizens.

Thank you for considering my comments.

Sincerely,

Barbara J. Sloan, M.Ed.
575 Pilgrim's Harbor, Wallingford, CT 06492