

**Testimony of Ashley Mayo, M.S.W. Student  
University of Connecticut School of Social Work  
Support of Raised Senate Bill No. 425  
An Act Concerning A Basic Health Program.  
March 21, 2012**

Good Morning Senator Gerratana, Representative Ritter, Senator Slossberg, Representative Lyddy, and to all the distinguished members of the Public Health Committee. My name is Ashley Mayo. I am an M.S.W student at the University Of Connecticut School Of Social Work, a constituent of Representative McCrory and Senator Coleman, and a supporter of **Raised Bill No. 425, An Act Concerning A Basic Health Program.**

Too poor to afford healthcare independently or through an employer, yet, not poor enough to qualify for healthcare assistance from the state. This is the position that many uninsured Connecticut residents find themselves in. However, you, honorable Senators and Representatives have the power and model to change this depressing reality faced by many individuals and families in the state.

A state basic health program is an option sub sectioned in the federal Affordable Health Care Act that allows states the autonomy to create a health care program for adults under the age of sixty five with incomes between 133% an 200% of the Federal poverty level (LARCC research brief, 2012). Under this bill states would have great flexibility in designing a healthcare program tailor made for its residents (LARCC research brief, 2012). The problem: according to the U.S. Bureau of Census individuals under the age of sixty five, and those making between \$14, 856- \$22, 340 constitute the largest portion of medically uninsured people. The solution: to say that there is one cure for the chronic condition of the lack of healthcare would be unrealistic but a Basic Health Program would provide much needed symptom relief.

Reports show that many adults who would be eligible for a basic health program will have children enrolled in Husky A or B; and having that program would allow the parents the same network access as their children (LARCC research brief, 2012). As evidenced in the LARCC research, a basic health program would be a financial benefit to the state. Currently Connecticut pays fifty percent of Medicaid costs. Transitioning eligible individuals from Medicaid to a program that mimics Medicaid allows for an easy and affordable change. Medicaid enrollees could receive the same or very similar benefits with the federal subsidy replacing much or all of the state's contribution; which would mean a considerable savings for the state budget (LARCC research brief, 2012).

On a personal note, in my practice as a social service worker I see many vulnerable individuals struggle to gain and keep access to services and are often either denied or receive inadequate help due to lack of insurance. To look a desperate single mother in the eyes, or translate to an immigrant family, or try to process with a severely mentally ill individual why they cannot have benefits they genuinely need is heartbreaking. The lack of benefits is also not appealing to new graduates like myself who call Connecticut home and want their education to be an asset to the state in which they received it but can't afford to reside here. Please madam, Please sir do not

send that message to your residents, do not send that message to me. Support Raised Bill No. 425, show us that Connecticut cares.

Thank you for your attention and the opportunity to testify on this very important bill, and if I can I will be happy to answer any questions.