

Legal Assistance Resource Center

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Testimony before the Human Services Committee on Bill 6367 – An Act Implementing the Governor’s Budget Recommendations for Human Services Programs

by Jane McNichol, Executive Director
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Good afternoon. I am **Jane McNichol**, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state. I am also the co-chair of the Medicaid Strategy Group, which has worked together since 2003 to improve and protect the state’s Medicaid program.

I am here to speak **in support of adopting the Medicaid expansion** authorized by the Affordable Care Act. This expansion is important

- for **the tens of thousands of low-income individuals who will have access to affordable health care** through the expanded Low-Income Adult (LIA or HUSKY D) Medicaid program and
- **for the state budget**. If Connecticut expands LIA to cover all individuals with incomes up to 133% of the federal poverty level, the federal government will pick up 100% of the costs of the LIA program. Currently, the state pays 50% of these costs. **This change will save the state 100’s of millions of dollars.**

Not surprisingly, the Governor supports this change and has included the Medicaid expansion in his budget and in Sec. 20 of Bill 6367.

While we enthusiastically support the Medicaid expansion, we do not support the language proposed in Bill 6367 to implement the expansion. The Governor’s proposed language amends the statute originally written to authorize the State Administered General Assistance (SAGA) medical program. It continues to authorize the adoption of an undefined alternate benefit package for the LIA program, with no provisions for legislative review of that limited package.

Because federal law authorizes adoption of a limited package without a waiver or state plan amendment, there will be no opportunity for legislative review of the LIA benefit package if the proposed language is adopted.

We propose, in draft language included on the reverse of this sheet, that we complete the conversion of SAGA/LIA to a Medicaid program by:

- repealing the outdated and much-amended SAGA statute (CGS 17b-261n) and
- moving LIA authorization into the Medicaid statute (CGS 17b-261).

Our proposed language further requires that LIA offer the same benefits as the other parts of Medicaid. **Any changes in the LIA benefits package should come before the legislature for approval, as changes in other parts of Medicaid do.**

Thank you for your work on this issue.

Adopting the ACA Medicaid expansion in 2014

Proposed Addition to CGS 17b-261 (basic Medicaid statute)

(k) In addition to persons eligible for medical assistance under the provisions of subsections (a) through (j) above, on and after January 1, 2014, medical assistance shall be provided to low-income adults whose income does not exceed 133 percent of the poverty line, in accordance with Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, without an asset test. The medical assistance provided under this subsection shall be in the same amount, duration and scope as provided to individuals eligible for medical assistance under subsections (a) through (j) above.

(l) CGS 17b-261n is repealed effective January 1, 2014. [This section authorizes the existing LIA program.]