

***Human Services Committee – February 26, 2013
Testimony RE: Governor’s Bill #6367, An Act Implementing the Governor’s Budget
Recommendations for Human Services Programs***

Jennifer Smith, Legislative Director – District 1199/SEIU Healthcare

As a union of 26,000 healthcare workers in a range of Connecticut’s human services programs and services, we oppose certain budgetary cuts contained in Bill #6367:

- 1.) Nursing home care would receive no rate increase in Fiscal Years 2014 and 2015.
- 2.) Private-provider care services for people with developmental disabilities living in Intermediate Care Facilities (ICFs) would receive no cost-of-living increase in Fiscal Years 2014 and 2015.
- 3.) Hospital care, especially in urban centers, would lose dollars in Disproportionate Share Hospital (DSH) funds without a guarantee that those dollars will indeed be replenished after the Affordable Care Act takes effect.

The impact of these cuts will directly and immediately hurt the access and quality of services to those receiving nursing home, support, and hospital care. These cuts will also directly and immediately hurt those providing care, such as certified nursing assistants, direct care workers, and hospital patient care assistants.

Connecticut’s state budget is not just a reflection of our state’s financials; it is also statement of our values. There is something fundamentally wrong when we create a state system that expects healthcare workers to care for our state’s most vulnerable people, but puts those healthcare workers in vulnerable economic positions — unable to pay last month’s rent or last heat bill, unable to go to the doctor because the job’s health insurance premiums are too expensive, and unable to even see their own kids because they must piece together two or three part-time healthcare jobs.

Coming up with a budget for FY 2014-2015 will be no easy task. But there are better choices than balancing it on the backs of working-class healthcare workers and the people they serve. We encourage the Human Services Committee to oppose these budgetary portions of House Bill #6367.

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