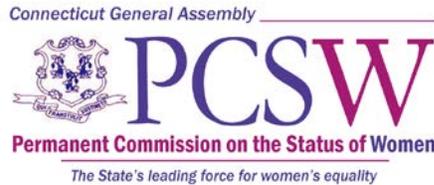


COMMISSION OFFICERS

Antonia Moran, *Chair*
Mary Lee A. Kiernan, *Vice Chair*
Lucia A. Aschettino, *Secretary*
Catherine Ernsky, *Treasurer*

EXECUTIVE DIRECTOR

Carolyn M. Treiss

**COMMISSIONERS**

Maritza Bond
JoAnn Calnen
April Capone
Susan Eastwood
Karen Jarmoc
Jennifer Just
Kristin A. LaFleur
Holly Masi
Hilda C. Nieves
Melanie O'Brien
Helene Shay
Susan Toliver
Patricia E.M. Whitcombe

HONORARY MEMBERS

Barbara DeBaptiste
Connie Dice
Patricia T. Hendel
Patricia Russo

**Testimony of
The Permanent Commission on the Status of Women
Submitted to the
Appropriations Committee
February 27, 2015**

Re: Governor's Recommended Budget: Department of Social Services

Senators Bye and Kane, Representatives Walker and Ziobron, and distinguished members of the Appropriations Committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW).

I am testifying today with concerns about the proposal to limit Medicaid eligibility for adults on HUSKY A to 133% of the Federal Poverty Level (FPL); specifically, the PCSW is concerned about the effects of this proposed cut on pregnant women.

At the outset, the proposal to lower the income threshold for pregnant women to 133% FPL would run afoul of the Affordable Care Act (ACA). The ACA requires that states not lower income standards for pregnant women below the standards in effect in 1989, if those standards were in excess of 133% FPL (42 C.F.R. § 435.116). In 1989, Connecticut's income standard for pregnant women was 185% FPL (P.A. 88-217).

Currently, pregnant women are covered under HUSKY A up to 258% FPL (\$51,832 for a family of three). The PCSW would still have concerns were the committee to recommend a reduction to 185% FPL (thus complying with federal law). It makes no sense to go back to a level that may have been appropriate decades ago in a time when the cost of living was less and real income was greater. This coverage provides pregnant women with essential pre-and post-natal health care services which help to ensure healthy outcomes for the woman and her baby. We fear that even with available subsidies, the higher costs of coverage for commercial plans under the exchange may prove unaffordable for women in this income range.

Finally, we have identified a troubling and perhaps unintended consequence of this proposal. In order to enroll in the Exchange, most uninsured individuals must do so during the open enrollment period, unless an individual has experienced a "qualifying life event," such as loss of other insurance coverage, which allows the individual to enroll outside of the open-enrollment period. Pregnancy, however, is not a qualifying life event. Thus, an uninsured woman who became pregnant outside of the open enrollment period would not be able to enroll in coverage through the Exchange. Rather, she would have to wait until the open-enrollment period, while in the meantime possibly foregoing pre-natal health care services or relying on uncompensated hospital care – both of which are contrary to the goals of the ACA.

Thank you for the opportunity to voice our concerns about this proposed cut to the HUSKY program.