My name is Matthew Dillon and I am an attorney at Connecticut Legal Services (CLS) in Waterbury. My legal work focuses on the areas of Social Security disability law and public benefits. My written testimony today is on behalf of CLS’ low-income clients who would benefit from the restoration of the HUSKY A parents/caretaker relatives income eligibility level to 155% of the Federal Poverty Level.

The HUSKY A Medicaid insurance program is a vital program that allows children, parents, and caretakers to qualify for free medical insurance. In recent years the state has cut income eligibility levels for parents and caretakers in an effort to bring balance to Connecticut’s budget. The 2017 legislative session was the 2nd time in recent memory that the income eligibility level was cut. Previously, in June 2015 the parents and caretaker eligibility level was reduced from 201% FPL to 155% FPL. In 2017 it was lowered once again to 138% FPL ($34,638 for a family of 4) from 155% FPL ($38,905 for a family of 4). I am asking that the Legislature immediately reverse this harmful trend and restore HUSKY A parents/caretaker eligibility level to 155% FPL.

According to findings from the Connecticut Health Foundation the 2017 income reduction (from 155% to 138%) would affect an estimated 9,500 parents.\(^1\) I have met several hard working parents who have been affected by the 2015 cuts when meeting to discuss their children’s disability cases, so often the children still have coverage, but they don’t. The parent might purchase private coverage through the health insurance exchange, Access Health CT, but it’s not the same coverage and would impose additional cost burdens on an already cash strapped working family. Additionally, the Affordable Care Act which established the state exchanges has been under attack at the federal level. There is also misinformation about the status of the subsidies which complicates whether any

of the estimated 9,500 parents would pursue this alternative insurance. Given the cost and uncertainty: how many would attempt to maintain their coverage?

Advocates can look to the 2015 cuts for guidance to predict the impact of the 2017 cuts. As of December 2016 it remained unknown whether 45% of the parents affected by the eligibility reduction had coverage or not. One can assume that those parents went without coverage and continue to go without coverage. It is also unknown what effect these cuts are having on their children. If parents go without insurance and are no longer able to prioritize their health does this began to impact their children’s access to healthcare? A March 2017 report from the Connecticut Health Foundation stated “research has repeatedly found that children are less likely to participate in public coverage programs such as Medicaid—even when eligible—if their parents are not enrolled.”

This ongoing trend of balancing the budget on the backs of Connecticut’s low income residents can and must be immediately reversed. This session, advocates for low income residents are proposing an array of Medicaid restoration proposals (elimination of the $1,000 dental cap for adults 21 and older, full restoration of the Medicare Savings Program, and preservation of the Medicaid primary care provider rates). These proposals also demand a hard look at the variety of revenue options that are being presented.

Thank you for your consideration of this testimony. I can be reached at 203-212-5518 or at MDillon@connlegalservices.org if you have any questions.

\(^2\) Id.  
\(^3\) Id.