



UNIVERSAL HEALTH CARE
FOUNDATION OF CONNECTICUT

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Testimony Opposing Senate Bill 270: An Act Concerning Work and Community Service Requirements for Recipients of Certain Public Assistance Programs

**Rosana G. Ferraro, Policy Associate
Universal Health Care Foundation of Connecticut
March 8, 2018**

Chairs and members of the Human Services Committee, thank you for the opportunity to testify in opposition to Senate Bill 270: An Act Concerning Work and Community Service Requirements for Recipients of Certain Public Assistance Programs (specifically Medicaid and SNAP/food stamps). I am Rosana G. Ferraro, Policy Associate at Universal Health Care Foundation of Connecticut. While my testimony focuses on opposing work requirements in the Medicaid program, we also oppose work requirements for SNAP.

Universal Health Care Foundation of Connecticut envisions a state where everyone has access to quality, affordable health care coverage. This proposal moves the state away from this vision, and will worsen coverage gains made in the state. Medicaid is a critical health care program for low-income individuals, children, families, people with disabilities, and elderly people. When we talk about affordability of coverage, we mean that coverage is affordable across the income spectrum – which includes providing no-cost programs like Medicaid to low-income Connecticut residents who can't afford health insurance.

This proposal is a wolf in sheep's clothing – it dresses itself up as wanting to help people who aren't working to have an incentive to work, but it is really a proposal that will cause people to lose coverage.

You'll hear opposition from different groups today – and we add our voice to theirs. We may be saying things you've already heard because we not only agree with them, but also believe it is imperative that we do not move our state down this destructive road. We should be looking for ways to increase the insured rate in our state, not proposing sneaky tactics to cut coverage to our most vulnerable populations.

We **oppose** Medicaid work requirements based on our principles of universal, affordable quality health care coverage, and because:

- For the many who will lose coverage, these are critical gaps in health insurance that could impact their lives in a myriad of adverse ways – people with diabetes won't get their

insulin, or the care they need, those struggling with cancer won't have access to treatment, and even an annual checkup would be out of reach.

- Many Medicaid beneficiaries are already working or wouldn't be required to work under this proposal – according to DSS testimony to the Appropriations Work Group on February 23, 2018, 72% of people on Medicaid are already working, children (under 19), over 65, or have a disability that keeps them from work.
- A work requirement policy in Medicaid flies in the face of the intent of the program. This is the premise for a lawsuit in Kentucky, one state who has chosen to pursue this policy. The lawsuit is based on the argument that approval of the Kentucky 1115 Medicaid waiver was illegal and violates Medicaid law.
- It adds a burden of monthly verification for beneficiaries, which is a problem because:
 - We already have challenges with the Department of Social Services completing re-determinations, required less often, in a timely matter;
 - The policy discriminates against those with low literacy skills; and
 - Complex verification processes could cause those who are fulfilling the work requirement, or have a legitimate exemption, to make a mistake and lose coverage.
- Connecticut is struggling with a budget crisis – where would we find the funds to implement such a policy? Why would we spend that funding on pushing people out of coverage rather than ensuring our Medicaid program has sufficient funding?
 - We already have put dangerous cuts to Medicaid in the current state budget, including reducing eligibility for HUSKY A parents and Medicare Savings Program (MSP) beneficiaries, as well as capping adult dental benefits and reducing primary care provider payments. This proposal adds cost without helping anyone.

Essentially, a Medicaid work requirement, no matter how it's dressed up, is bad policy for Connecticut and takes us backwards. It is time for our leaders to progress our state forward and to use our time and energy to create a Connecticut where everyone has access to quality health care coverage, at a price they can afford.

Universal Health Care Foundation of Connecticut's mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is part of a broader movement for social and economic justice.

See this Twitter thread from Judith Solomon, formerly of Connecticut Voices for Children, and now at the Center on Budget and Policy Priorities in Washington, DC. She uses important data to point out how work requirements for Medicaid are really about decreasing coverage, not about encouraging work.



Judy Solomon

@JudyCBPP

Following

With three **#Medicaid** work requirements approved and more in the queue it's clear that these are not about increasing work but about decreasing coverage, and unfortunately they will do just that. Here's why:

11:23 AM - 6 Mar 2018

29 Retweets 24 Likes



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29



24

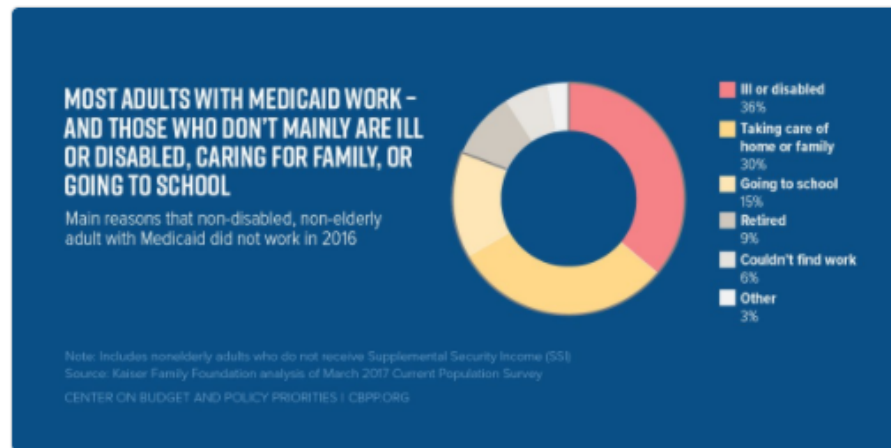


Tweet your reply



Judy Solomon @JudyCBPP · Mar 6

If wanted to increase work, wouldn't require burdensome monthly reporting by people who are already working, and wouldn't require people who should be exempt to raise their hand and prove it.



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Judy Solomon @JudyCBPP · Mar 6

Burdensome paperwork is likely to lead to loss of coverage for people already working and those who should be exempt.

Medicaid Work Requirements Will Mostly Affect People Who Are Working, Ill or Disabled, Caregivers, or Students

Non-elderly adult enrollees not receiving SSI, 2016

Working:	60%
Ill or disabled:*	15%
Taking care of home or family:	12%
Going to school:	6%
Retired:	4%
Could not find work:	2%
Other:	1%

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New Centers for Medicare & Medicaid Services guidance allows states — for the first time — to require work or work-related activities as a condition ...

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Judy Solomon @JudyCBPP · Mar 6

If wanted to increase work, would identify the people who aren't working who could work and help them address barriers such as transportation, child care, and job training and wouldn't refuse to help provide such supports as @CMSGov policy does. medicaid.gov/federal-policy...

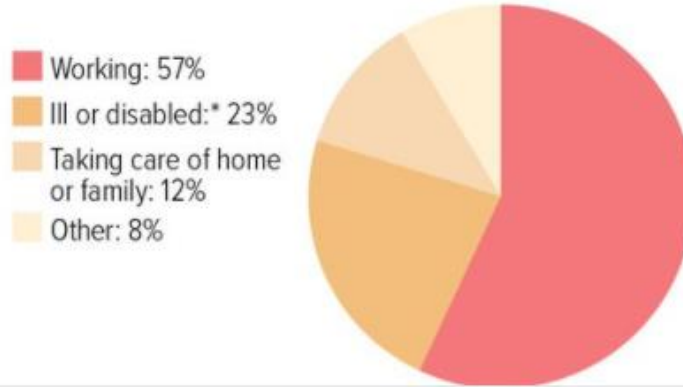
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Judy Solomon @JudyCBPP · Mar 6

If really wanted to increase work wouldn't provide millions in federal match for payments to vendors to build complex tracking systems that rely on internet access but no money for work supports.

Non-elderly adult enrollees not receiving SSI, 2016



Arkansas' Harsh Medicaid Work Requirement Jeopardizes Recent Pr...

The Trump Administration's approval today of Arkansas' harsh work requirement in Medicaid will likely set back the state's considerable prog...

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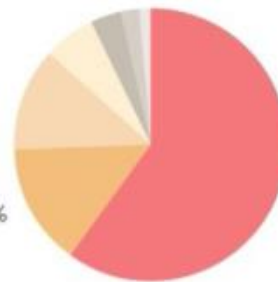
Judy Solomon @JudyCBPP · Mar 6

If really wanted to increase work, wouldn't cut off people's health coverage because as enrollees in #MI and #OH have confirmed, #Medicaid is a work support.

Medicaid Work Requirements Will Mostly Affect People Who Are Working, Ill or Disabled, Caregivers, or Students

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