



Testimony Strongly Opposing S.B. 270: An Act Concerning Work and Community Service Requirements for Recipients of Certain Public Assistance Programs

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Human Services Committee
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Senator Moore, Senator Markley, Representative Abercrombie, Representative Case, and esteemed members of the Human Services Committee,

My name is Karen Siegel, and I am submitting testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. We want to voice our strong opposition to S.B. 270.

Connecticut has achieved insurance rates for children and adults that are among the highest in the nation, and this is due in large part to the state's HUSKY (Medicaid and CHIP) programs.¹ We know that Medicaid coverage reduces poverty, provides lifelong benefits for children, and helps to reduce infant mortality rates—in part by ensuring that women can access preventive care throughout their lives.² The HUSKY program also boasts impressive fiscal efficiency with the lowest per member per month Medicaid costs nationwide.³ Further, the state share of Medicaid spending has remained stable since 2014 and was lower in state fiscal year (SFY) 2017 than in SFY 2014.⁴ S.B. 270 would erode this progress.

Connecticut's Department of Social Services estimates that 72 percent of current HUSKY enrollees are either employed or exempt from work requirements due to age or disability. National analysis suggests that of adult Medicaid enrollees who are not elderly and not eligible for Social Security Income due to disability: 60 percent work, 12 percent are engaged in caregiving responsibilities, 14 percent experience illness or disability,⁵ and six percent attend school.⁶ It follows that the vast majority of Connecticut's Medicaid enrollees would be exempt from a work requirement according to the proposed bill. Further, work requirements for other social services programs have failed to increase long-term employment or reduce poverty.⁷ On the other hand, enrollment in Medicaid is associated with reduced poverty and may enable some adults to seek work or continue working.⁸

Women are at particular risk of losing coverage due to work requirements, both because they comprise the majority of Medicaid enrollees and because they are more likely to engage in caregiving for family members.⁹ According to national research, two-thirds of people at risk of losing Medicaid coverage as a result of work requirements are women.¹⁰

Access to medical care through HUSKY gives parents the opportunity to be healthy enough to parent well and work consistently. Should S.B. 270 become law, eligible working and disabled

parents are likely to lose coverage. Verification processes can be particularly difficult for families with disabilities or high caregiving demands. Years of data from other programs show that complex verification processes pose a barrier to coverage for eligible families.¹¹ The proposed bill also creates a catch 22 for parents who are unable to find work by limiting SNAP benefits even when unemployment rates are high or the family lives in a place that has few available jobs. Parents in these difficult circumstances would struggle to meet their children's nutritional needs while covering other essential costs, such as heating and rent.

In addition, the logistics of implementing work requirements are complex. First, the legality of such requirements is debatable and a lawsuit is underway in at least one state that has received a waiver to implement work requirements.¹² Second, some states have chosen not to implement portions of approved waivers due to high administrative costs.¹³ Federal guidance prohibits the use of federal funding to provide job supports such as the job counseling and data bank of community service opportunities required by this bill.¹⁴ The high administrative cost of both verifying work or community service status and providing work-related supports would be borne entirely by the state.

Finally, when parents are insured, eligible children are more likely to be insured and to receive care.¹⁵ Therefore, **this proposed bill would impose high administrative and logistic burdens that are unlikely to increase the workforce but highly likely to result in reduced access to health services for working parents and their children.**

Thank you for the opportunity to submit testimony strongly opposing S.B. 270. I can be reached with any questions at ksiegel@ctvoices.org or at 203-498-4240, ext. 120.

¹ Connecticut Voices for Children. (2018) "Reductions in Poverty, Uninsurance at Risk Due to New Budget." Retrieved from: <http://www.ctvoices.org/census2016>

Kaiser Family Foundation. (2016) "Health Insurance Coverage of the Total Population." Retrieved from: <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D>

² Sommers, B. and Oellerich, D. (2013) "The poverty-reducing effect of Medicaid." *Journal of Health Economics*. 32:5. <https://doi.org/10.1016/j.jhealeco.2013.06.005>

Center for Children and Families. (2017) "Medicaid is a Smart Investment in Children." Retrieved from: <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>

Bhatt, C. and Beck-Sague, C. (2018) "Medicaid Expansion and Infant Mortality in the United States." *American Journal of Public Health*. doi: 10.2105/AJPH.2017.304218

³ CT Department of Social Services. (2017) "Connecticut HUSKY Health: Cost Drivers, Reform Agenda, Outcomes, and Recommendations for Future State." Retrieved from: https://www.cga.ct.gov/fin/tfs/20171205_Commission%20on%20Fiscal%20Stability%20and%20Economic%20Growth/20180124/Department%20of%20Social%20Services%20Presentation.pdf

⁴ CT Department of Social Services. (2017) "Connecticut HUSKY Health: Cost Drivers, Reform Agenda, Outcomes, and Recommendations for Future State." Retrieved from: https://www.cga.ct.gov/fin/tfs/20171205_Commission%20on%20Fiscal%20Stability%20and%20Economic%20Growth/20180124/Department%20of%20Social%20Services%20Presentation.pdf

⁵ Many ill and disabled individuals do not qualify for Social Security Income and, so, were not captured by the Department of Social Services estimate. The DSS testimony also noted that 5,000 Medicaid enrollees who qualify due to disability are employed. See: DSS testimony to CT Legislature's Appropriations Workgroup on February 23, 2018

⁶ Kaiser Family Foundation. (2017) "Medicaid and Work Requirements." Retrieved from: <https://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements-new-guidance-state-waiver-details-andkey-issues/>

⁷ Center on Budget and Policy Priorities. (2018) "Medicaid Work Requirements Will Reduce Low-Income Families'

Access to Care and Worsen Health Outcomes” Retrieved from: <https://www.cbpp.org/research/health/medicaidwork-requirements-will-reduce-low-income-families-access-to-care-and-worsen>

⁸ Institute for Healthcare Policy and Innovation. (2017). “Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches.” Retrieved from: <http://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches>

Center for Children and Families. (2018) “Trump Administration’s New Medicaid Work Requirements will Hurt Families.” Retrieved from: <https://ccf.georgetown.edu/2018/01/11/trump-administrations-new-medicaid-workrequirement-policy-will-harm-families/>

⁹ Kaiser Family Foundation. (2017) “Medicaid’s Role for Women.” Retrieved from: <https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>

¹⁰ Ku, L. and Brantley, E. (2018) “Medicaid Work Requirements: Who’s at Risk?” *Health Affairs*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20170412.059575/full/>

¹¹ Kaiser Family Foundation. (2017) “Medicaid and Work Requirements.” Retrieved from: <https://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements-new-guidance-state-waiver-details-andkey-issues/>

¹² Kaiser Family Foundation. (2018) “A Guide to the Lawsuit Challenging CMS’s Approval of Kentucky HEALTH Medicaid Waiver.” Retrieved from: <https://www.kff.org/medicaid/issue-brief/a-guide-to-the-lawsuit-challenging-cms-approval-of-the-kentucky-health-medicaid-waiver/>

¹³ Kaiser Family Foundation. (2018) “Medicaid and Work Requirements: New Guidance, Sate Waiver Details and Key Issues.” Retrieved from: <https://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements-new-guidance-state-waiver-details-and-key-issues/>

¹⁴ Centers for Medicare and Medicaid Services. (2018) “RE: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries.” Retrieved from: <https://www.medicaid.gov/federal-policyguidance/downloads/smd18002.pdf>

¹⁵ Hudson, J and Moriya A. (2017) “Medicaid Expansion for Adults had Measurable ‘Welcome Mat’ Effects on Their Children.” *HealthAffairs*; September 2017 36:91643-1651 <http://content.healthaffairs.org/content/36/9/1643.abstract>