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Every Family and Every Child in Connecticut Will Thrive and Share in Prosperity.

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CAHS Testimony Before the Human Services Committee, Testimony in Opposition to H.B 6446

Good Evening Senator Moore, Representative Abercrombie and Members of the Human Services Committee,

My name is Elizabeth Fraser and I am the Policy Director for The Connecticut Association for Human Services. CAHS advances multi-generational policy and program solutions which promote family economic well-being, and foster equitably resourced communities.

I am here today in opposition to H.B.6439, The Governors Proposed Budget for Human Services. Specifically, the proposed budget does not adequately address the pressing needs of citizens severely impacted by the continuing health crisis.

While the Covid pandemic has proved problematic for most of us, it has proved devastating for many others. What became clear as the pandemic moved across the country is that COVID-19 was landing most heavily among those who had been living with poverty, inequity, and borderline health. African Americans and Hispanics are far more likely to contract COVID-19 and to die from the coronavirus than are members of other racial and ethnic groups.¹ The impact on employment, food insecurity, and housing has the potential to be long lasting.

This is the moment to begin to address the inequities in our system that have contributed to one of the largest wealth gaps in the country. Through our policies we can either construct barriers to keep families from prospering, or provide an environment that allows families the opportunity to thrive. Within the human services budget, there is opportunity to have greater positive impact on the lives of many desperate families.

Restoring the Diaper Bank Funding: The Governor's budget has cut funding for the Connecticut Diaper Bank from \$333,000. down to \$167,000. At a time when many parents of young children are struggling to find the money to put food on the table, one package of free diapers a month can make a difference.

For many families with infants and toddlers, disposable diapers are essential to the health and wellbeing of their children and they are also expensive. The yearly expense for diapers can be over \$550.00 a year. For low income families, this expense amounts to a significant part of the

family budget. There are no federal subsidies for diapers. Families cannot use SNAP (Food stamps) or WIC to purchase diapers.

When parents try to save money and extend the use of a disposable diaper, their babies are at risk of severe diaper rash, an increased rate of hepatitis and urinary tract infections. The reality is that this is a health issue and that clean diapers are a medical necessity. This is not the time to decrease this important family support.

Increasing Husky A Eligibility: CAHS supports restoring parent eligibility for Medicaid /Husky A insurance, from 155% or the Federal Poverty Level, (FPL) back up to 2015 eligibility or 201% of the FPL. Restoring eligibility will ensure that access to affordable insurance is significantly increased, impacting the well-being of both parents and children. It will align parent and child eligibility, eliminating confusion about which members of a family can have HUSKY coverage. Additionally, children are more likely to have insurance, and to see a doctor if their parents are insured.

There are no affordable health insurance options for adults in this income range. The total out-of-pocket costs for purchasing coverage on Access Health, with cost-sharing subsidies, can be over 15% of a family's annual income and is cost prohibitive. With subsidized insurance there is less debt burden from medical bills, less uncompensated care and better health outcomes. This is all cost savings.

Additionally, while the much-needed increase in Connecticut's minimum wage is welcomed, it comes new challenges. Many low in-come working parents will benefit from a small increase in wages, only to exceed the Medicaid A eligibility limit and lose health insurance. It is often hard to plan for this. Many parents, (single or a couple), are cobbling together hours, sometimes with several jobs, to make ends meet. A few extra hours that are not expected during a month, or extra income from seasonal employment, can put a family over the eligibility limit for benefits. The Exchange is a valuable option, however, for those earning so little, it can be up to 15% of earnings and is not affordable to purchase.

Increased Access to Husky Health Care:

The pandemic has heightened the need to increase access to Husky health care.

We support increasing access to HUSKY programs, to include all income-eligible immigrants regardless of their status. Many undocumented individuals, are working to support their families and pay taxes every year. These families are contributing to the economy, often doing difficult work, yet cannot yet do not qualify for affordable insurance options because of immigration status. Children who arrived with their families from their native country also do not qualify, leaving many children uninsured. In Connecticut one- third of residents who are

uninsured, are also undocumented. The fact that we are in the middle of a pandemic, with all of its implications, makes this even more problematic. Undocumented residents are doing their best to support their families and contribute to the economy, are paying taxes, and contributing to the economy. Health care should be made available.

Expanded Pre-Natal and Post-Partum Care:

Medicaid eligibility for postpartum care should be available for a full year after a woman gives birth. This is an issue of women's health and one way to remedy inequities in our health care. A CDC report notes that 33% of maternal deaths happen in the first 12 months after giving birth. While women of all ethnicities are reflected in these statistics, Black and Native American women were found to be up to 3 times more likely to die. However, it was also reported that 3 out of 5 deaths could have been avoided, "regardless of race or ethnicity." [CDC Report Pregnancy Related Deaths Vital Signs](#) report. High quality post-partum care for one year after birth was cited as one way to reduce these unnecessary deaths. Other health concerns, especially postpartum depression, are common during the first year after giving birth. Depression not only effects mom, but influences attachment with the baby, and can disrupt the family dynamic. Often this can leave the mom despondent and can be devastating to the family. Although it can be treatable, without adequate insurance, it is difficult to be diagnosed and get the attention needed for recovery.

CAHS also supports extending prenatal care to any pregnant woman who needs it, despite immigration status. Health care is a human right, and to deny a pregnant woman insurance, is to deny care to the mother, *and* the growing baby. While the actual births may be covered, baby's grow over the previous nine months. Health outcomes for both moms and babies are much better with prenatal visits to the doctor, and the appropriate care.

In both of these cases, these babies are Connecticut babies. They are our little citizens, we should want the best start for each baby, and of course, their moms.

Targeting TANF funding to address the need of families:

We are advocating for increasing the current eligibility time limits for TFA. Connecticut's 21-month time limit, even with *possible* extensions, is one of the most prohibitive eligibility periods in the country; it just does not provide enough time to help many parents get back on their feet. With the realization that it would be harmful to push families off the benefit during a public health crisis, the eligibility period was temporarily suspended. Yet, many of the participants are living in crisis *continually*. The suspension should be made permanent. A report by the Center on Budget and Policies reveals that parents leaving TANF cash assistance programs were working, but not in jobs that could actually support a family. Instead of

concentrating funding on longer term education and training programs, which would lead to supportable employment, TAF recipients are often trained as quickly as possible, and often end up in jobs not much better than the ones they came from. [CBPP Report](#) This seems counter-intuitive, and in these times, this paradigm needs to change. Many of us expect our children to spend 4 years or more in an educational program that provides the means to earn a living. However, we don't support policies that allow "poor" people a similar opportunity. Money would be better spent on extending eligibility, and providing necessary supports,(such as child care), which would allow clients to participate in a career pathway program leading to supportable employment. While the upfront cost may be more, the outcomes for both parents and children will provide a meaningful return on investment.

Funding the Required TFA COLA

We oppose the Governors proposed hold on Cost of Living Adjustments for Social Service programs. For 9 of the last 12 years, the legislature has opted not to fund the required COLA for the TFA program. This has led to an erosion of the cash benefit, and making it harder for a family to scrape by.

1996, the maximum TFA benefit for a family of three was \$636, which was about 60 % of the Federal Poverty Level (FPL). Today, 24 years later, that same family structure receives \$698, or 32% of the current FPL. This represents a current buying power 33% lower than in 1996.

The estimated cost to the state would be \$647,000. which is not cost prohibitive to the state, yet can mean a great deal to families.

Other program such as AABD and SAGA are suffering the same fate. COLA's should be included in this year's budget.

Thank you for your hard work and your consideration of this testimony.
