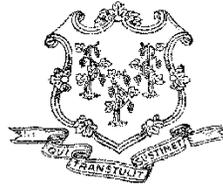


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March 11, 2021

Good Morning Senator Moore, Representative Abercrombie and members of the Human Services Committee. I would like to express my support for SB 980, AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT PROGRAM FOR PERSONS WITH DISABILITIES and SB 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS.

SB 980 would remove the income and asset limits under the Med-Connect program<sup>1</sup> which allows employed persons with disabilities to receive medical assistance. In 1999 the federal government authorized a state option Medicaid buy-in program for working people with disabilities under the Ticket to Work and Work Incentives

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<sup>1</sup> <https://portal.ct.gov/DSS/Health-And-Home-Care/Disability-Services/Med-Connect-Medicaid-for-Employees-with-Disabilities/Med-Connect-Medicaid-for-Employees-with-Disabilities/Eligibility>

Improvement Act of 1999. This act allows a state option for working individuals with disabilities whose income and/or assets exceed the limits for other eligibility pathways to "buy-in" to Medicaid coverage. This option provides people with disabilities the opportunity to work and access the health care services and supports they need, without having to choose between working and qualifying for Medicaid. Most states, including Connecticut, did create these programs which allow employed disabled people to be gainfully employed without losing medical insurance. Under the program the state sets the income and asset limits and determines how to set the premium for the buy in<sup>2</sup>. The potential recipient has to be determined to be disabled either by the social security administration process or by the state. This means that some disabled people who cannot qualify for social security disability (SSDI) because of certain technical reasons despite having an otherwise qualifying disability benefit from this program and thus continue to be gainfully employed. In order to receive SSDI, a potential recipient must have worked a specified number of quarters AND must not have been out of the workforce for more than five years before applying. These requirements can have an unintended discriminatory consequence regarding some people including women who may temporarily leave the workforce to start a family before they have the number of quarters or may be out of the workforce for longer than five years. Eliminating or raising the income and asset limits on Connecticut's program could reduce the unintended discriminatory consequence of the federal SSDI rules.

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<sup>2</sup> <https://www.kff.org/other/state-indicator/medicaid-eligibility-through-buy-in-programs-for-working-people-with-disabilities/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22all%22:%7B%7D%7D,%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Currently under Connecticut's program the premium for the buy in is 10% of the difference between what the person makes and the maximum a person is allowed to make and qualify for Medicaid. In Connecticut, the asset limit is \$10,000 and the income limit is \$75,000. It may be that because the buy in premium is set at a percent of income that raising the limit may not have a substantial fiscal impact. The asset limit of \$10,000 seems unrealistically low for today's economy and raising or eliminating that would seem to make sense as it would increase the number of insured residents and is jointly funded with the federal government.

SB 956 would allow access to Medicaid for certain persons without regard to immigration status. Often immigrants are ineligible for Medicaid based on their visa status and undocumented immigrants are currently ineligible for Medicaid AND unable to purchase health insurance on the exchange. An estimated 23% of uninsured people in Connecticut are immigrants without legal status.<sup>3</sup> This lack of access to insurance coverage and the resulting lack of access to care adversely affects not only these persons but also our society as a whole. Providing access to health insurance for all immigrants living in Connecticut would advance health equity in our state. This bill is a good step in that direction.

Thank you for hearing these important bills

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<sup>3</sup> CT Health Foundation. (2020) "Health Disparities in CT." Retrieved from: <https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf>