

TESTIMONY to the Human Services Committee
March 25, 2021

Re: SB 1056: AN ACT EXPANDING ACCESS TO MEDICAL ASSISTANCE

Ellen Andrews, PhD, Executive Director

Thank you for the opportunity to share our strong support for SB 1056, for restoring and expanding the successful HUSKY program for all Connecticut adults. For twenty-one years, the CT Health Policy Project has worked to expand access to high quality, affordable healthcare for every state resident. We are a nonpartisan, nonprofit organization that advocates through detailed analysis of policy options to improve the health of our state.

Unfortunately, too many Connecticut residents in need don't qualify for HUSKY and many who do qualify can't afford it. The AccessHealthCT exchange is a vital lifeline to coverage for thousands of Connecticut residents who would otherwise be uninsured, but it doesn't work for everyone. The most common reason cited by people eligible for not purchasing coverage in the exchange is that it's not affordable. Costs can reach eight percent of household income, which is not realistic for families living paycheck-to-paycheck.

Currently, a single adult making over \$17,774 per year is not eligible for HUSKY. That is barely enough to meet minimal costs of living in our state; paying for healthcare, even with a subsidy, is impossible. Increasing eligibility for childless adults to 200% of the federal poverty level would be a lifeline to those essential workers.

Many uninsured workers in Connecticut labor in essential jobs preparing our food, caring for children and the elderly. The COVID pandemic has highlighted how much our health is connected to our neighbors' health. My sister and her family live in Toronto. During this pandemic and SARS before that, she didn't worry that the people caring for her children or the last person to touch an elevator button couldn't see a doctor when they were unwell.

Restore coverage for HUSKY working parents and expand to others

The COVID pandemic and the resulting recession have made clear how fragile our health and economic stability are. Too many state residents have lost jobs, and the health coverage that comes with them. Many who lost coverage early in the recession have also hit the end of enhanced unemployment payments and any continuation of health benefits by their former employers. The consequent rise in uninsurance is hitting Connecticut just as health needs, especially for behavioral health, are rising. Thankfully, Connecticut has an efficient Medicaid program, a national leader in cost control, with a record of quality improvement that is the envy of other states. COVID and similar disasters are what safety net programs like HUSKY are built for.

Even before the pandemic, restoring and expanding coverage for HUSKY was long overdue. Five years ago, over 11,200 Connecticut working parents making over 155% of the federal poverty level (now \$35,100 for a family of three) lost coverage due to budget cuts. Thankfully 41% of them were able to retain Medicaid because they were eligible through other categories, but over 11,000 were not.¹

At the time, the administration framed the cut as a “transition” to coverage through AccessHealthCT. But, tracking by DSS required by legislators found only a small fraction of the parents cut off were able to afford to buy coverage there, and many of those couldn’t continue the payments after a few months due to cost. AccessHealthCT coverage is simply not affordable for working families with incomes below the original eligibility level of 201% of the federal poverty level. The “transition” never worked.

The impact of HUSKY parent cuts on families was profound. The [CT Health Policy Project followed parents from eight families](#) who lost coverage in an earlier round of budget cuts. Among them was Elizabeth, a substitute teacher in New Haven with high blood pressure, and her son Sean. When she lost coverage, Elizabeth was forced to choose between paying for her medications or paying rent. She chose to pay the rent and because her heart disease was no longer controlled, she had a heart attack. After she left the hospital, she had HUSKY coverage for six months that covered her even longer list of medications. But when she lost HUSKY again after the six months ended, she had another, more serious heart attack. Not only does this inconsistent coverage harm Elizabeth’s health, but it also wastes taxpayer dollars. Investing \$260/month in her medications could have avoided paying \$80,000 for hospitalizations that year. After every hospitalization, Elizabeth was out of work and Sean had to stay with relatives until she was well again. Connecticut taxpayers paid for those hospital stays over and over but not the care to keep her well.

¹ HUSKY A parent transition, DSS report to MAPOC, October 2017
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There is really no better return on investment for state taxpayers. Restoring HUSKY coverage for working parents and expanding it for adults in all categories makes sense for families, communities, and the state budget. Keeping parents well, working, supporting their families, and participating in the economy is a good investment. Compared to other coverage, [HUSKY is a bargain](#); it offers comprehensive coverage at per person costs well below commercial insurance or Medicare rates, saving billions for taxpayers. In addition, the federal government reimburses half the state's costs for HUSKY parents.

These are critical investments in Connecticut's health.

Thank you for your time and your work to improve the health of all Connecticut residents.