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**Testimony of Sheldon Toubman before the Human Services Committee  
in Support of SB 1056, and with Proposed Language Changes  
March 25, 2021**

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

My name is Sheldon Toubman and I am an attorney in the benefits and elder law units of New Haven Legal Assistance Association. I am testifying in strong support of SB 1056, which will finally address the far-too-low income limits for adults across all three of the main Medicaid programs (HUSKY A, HUSKY C and HUSKY D). After the devastation of the Coronavirus, the importance of access to comprehensive, affordable insurance could not be clearer and this is a most welcome solution. It will also help to address inequities that have long plagued Black and brown people and which have been exacerbated by the pandemic. We do urge two revisions, however, to further the purposes of the bill.

The current income limits for HUSKY C (for people who are elderly or disabled and not able to regularly work) are just 82% of the Federal Poverty Level in most parts of the state (93% in Fairfield County). This is **\$885/month or \$10,620/year for a single person** (\$11,900/year in Fairfield County).

While somewhat higher, at 138% of the Federal Poverty Level and 160% of the Federal Poverty Level, for HUSKY D and HUSKY A adults, respectively, these figures are still woefully too low (138% of the poverty level for one is \$17,785 per year). And bringing HUSKY A adults to 200% is essentially just bringing them back up to the 201% of poverty level income limit before the program was cut back years ago.

And the different income limits across different programs cause significant confusion among the programs. For people who don't qualify for Medicaid under the current low income limits, their only option is the AHCT exchange, which may be unaffordable and provides no dental coverage and clearly inferior behavioral health coverage, particularly important right now.

What's the solution? This bill provides it, by ensuring Medicaid income eligibility is the same for **all** adults (except pregnant women, who are temporarily higher) across all three main Medicaid programs, at 200% of the poverty level. While this is still a relatively low level, with 200% of poverty for one being \$2,148/month (\$25,776/year), it is a major improvement, which we strongly endorse.

With this change, many people who can't qualify now under the very low income levels for HUSKY C, except by "spending down" excess income, would newly have access to Medicaid and avoid having ailments unaddressed. And spending down is not even available under HUSKY A and D. Thousands will be able to afford quality healthcare, shrinking the roles of the uninsured.

We do have two suggestions, however, one of which is required by federal law:

- (1) We urge that the limitation of the income level increase to cover only individuals under 65 be removed since people over 65 and on Medicare are in the same situation as people under 65, disabled and on Medicare, and the second group is already included in the bill to be eligible for HUSKY C up to 200% (and, for both groups, Medicaid costs are relatively low because Medicaid payment is always secondary to Medicare payment). Over 65 individuals should not be left out in the cold relative to all other adults, continuing to be subject to the extraordinarily low income limit of 82%/93% of FPL.
- (2) While we very much appreciate that, under this bill, many people who now must spend down to get on HUSKY C will be saved from that often impossible process, some elderly and disabled individuals with incomes over 200% will still have large medical bills which could be used to qualify for Medicaid under spenddown. In addition, because we are what is called a "209b state," it is required under federal Medicaid law that spending down continue to be allowed for this population. Accordingly, this language in current C.G.S. Section 17-261 proposed to be removed needs to be retained:

"Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance."

In addition, while the federal statutes specify the maximum income limits for the aged, blind and disabled group (HUSKY C in CT) at 100% of the federal poverty level, 42 U.S.C. § 1396a(a)(10)(A)(ii)(X) and 42 U.S.C. § 1396a(m), income disregards can be used under 42 U.S.C. § 1396a(r)(2) before that income limit is applied. Because the disregarded amounts at §1396a(r)(2) are not capped, we believe that this is the route to get to 200% of the poverty level as the new income limit for this group (so as to mirror the new limits for HUSKY A and D). We are happy to work with the committee to develop language to implement this, if including such language is deemed warranted.

We wanted to note that we also support SB 956 before the committee, which would extend full HUSKY coverage to all individuals regardless of immigration status. If SB 956 is passed, it will apply as well to the income expansions provided in SB 1056.

Finally, we do recognize the significant price tag of this bill, but this is an important proposal of fairness and justice that needs to be funded as part of an equitable overall state budget. That is why we support reasonable progressive revenue proposals to fund this and other essential safety net programs, such as set forth in SB 821 and HB 6187. Thank you.