Support for Extension of Certain Executive Orders


My name is Alison Weir, and I am the Policy Advocate at Greater Hartford Legal Aid. I am here representing the attorneys and advocates of not only GHLA but also New Haven Legal Assistance and Connecticut Legal Services, to urge your support for the extension of numerous executive orders the Governor has issued to improve access to health care and benefits for Connecticut residents during this time of pandemic. Under his authority as defined by Conn. Gen. Stat. Sec. 28-9, Governor Lamont implemented a number of modifications to regulations and statutes to allow state agencies greater flexibility to address public health needs during the COVID-19 pandemic. Many have been very beneficial to Legal Services clients in enrolling in or continuing to receive programs administered by the Department of Social Services.

As we understand, an agreement has been struck between the Governor and the Emergency Committee of the Legislature to extend his authority to issue emergency orders in response to the pandemic until February 9, 2021. We hope not only that the governor will extend a number of these executive orders during this five month period, but also that the legislature will consider extending some of these changes beyond the five month period if the public health crisis or the resultant economic downturn warrant. We also ask the legislature to consider making permanent certain changes less related to public health as much as the economic impact on families experiencing the greatest hardships.

**Flexibilities directly related to the need for social distancing during the pandemic:**

Several of the Governor’s emergency orders related to the need for social distancing, which will continue as long as the pandemic remains a threat.

- Suspension of in person interviews and hearings, allowing for social distancing (Executive Orders 7E and 7B);
- Suspension of refill limitations for medication (Executive Order 7I)
- Delivery of methadone to those unable to travel due to the pandemic (Executive Order 7J);
- Suspension of involuntary discharges from nursing homes and residential care homes to homeless shelters during the pandemic (Executive order 7XX);
- Waiver of the 36 month cut-off for Birth-to-Three services during the pandemic (Executive Order 7DD);
- Extension of the time period for Nursing Home transfers from 60 days to one year (Executive Order 7L);
- Authority for remote notarization (Executive Order 7ZZ).

These flexibilities have been very beneficial in reducing the potential for exposure during the pandemic, and we urge that they be continued for as long as necessary to permit continued social distancing. We also ask that you consider codification of the provision suspending involuntary discharges from nursing homes and residential care homes to prohibit all discharges to inappropriate settings, such as motels, in addition to homeless shelters.

**Flexibilities related to economic hardship**

In addition, we ask the legislature to consider making the following changes permanent, as their impact is economic rather than allowing for social distancing, and in some cases they correct an economic injustice.

- Suspension of the 21 month limit for receiving TFA during the period of the pandemic (Executive Order 7N);
- Payment of emergency health services at the in-network rate and billing of COVID-19 related services for uninsured at no more than the Medicaid rate (Executive Order 7U);
- Waiver of the limitation of support provided to caregiving relatives (Executive Order 7NN);

The 21 month limit on receiving TFA is one of the most stringent time limits on cash assistance under the Temporary Assistance for Needy Families in the nation. Under federal statute, families are not allowed to receive TANF, called TFA in Connecticut, for more than 60 months absent extenuating circumstances. Connecticut’s limit of 21 months is over three years shorter. As the state has seen in past recessions and recoveries, it often takes longer than 21 months for full economic recovery. The state was only just emerging from the economic down turn of 2008 before the pandemic hit.

Moreover, as we learn about the long-lasting effects of the illness on survivors, we anticipate that many COVID-19 patients may be unable to work for some time even after they have been discharged from the hospital or are no longer infected. Based on experience with SARS, in which 10 out of every 46 people had reduced lung capacity three years after infection and 44 percent had some sort of cardiovascular abnormality 12 years after infection, doctors expect that recovered COVID patients may experience physical impairment for years to come.¹

Federal limitations on exemptions from work requirements for disabled workers under TANF will

exclude many impacted by COVID-related limitations who are either awaiting an SSI disability determination or who fall short of full disability but still may only work reduced hours because of the lingering effects of COVID-19.\(^2\) Between reduced employment options and increased health impairments, we ask that you permanently remove the 21 month time limit for Temporary Family Assistance (TFA). Not only is it a difficult timeline for recipients to find a job in the midst of the coming COVID-19 caused recession, it is utterly inadequate for someone who has been directly impacted by COVID-19 to make a full recovery back into the work force.

As for the provisions protecting uninsured seeking COVID-19 care, we urge the legislature to consider making this change permanent and expanding it to cover all conditions, not just COVID-19; to restore income limits for HUSKY A to 201 percent of the federal poverty level; and to create a state insurance program for immigrants regardless of immigration status. Hospitals and care providers often charge the uninsured much, much higher rates than they charge insurance companies for the same care, and in most cases, the uninsured are those least able to pay.

Most people who lack insurance do so because they cannot afford insurance, not because they have sufficient funds to cover medical bills without insurance. While the expansion of HUSKY coverage under the Affordable Care Act did significantly reduce the percentage of uninsured in Connecticut, there are still 5.3 percent of the state’s population who lack insurance. In many cases they do not have insurance because they cannot afford to pay for it on the exchange, and in others because their immigration status does not permit them to buy it or enroll in HUSKY, despite having incomes that would make them eligible.

Finally, we ask the legislature to consider removing, or at least expanding, the limitation of support for caregiving relatives. After the pandemic has eased, there will be many people living with the long term effects of COVID-19, and caregivers will have an even more difficult time balancing caregiving and work, provided they can even find work given the likelihood that the economic effects of the pandemic will continue long after the virus is contained.

**Telehealth codified, but no other flexibility**

Apart from a provision passed during the special session last month to extend insurance and Medicaid coverage of Telehealth, none of these flexibilities have been addressed by the legislature, which could either choose to extend the governor’s authority or could separately enact legislation to codify these changes for a duration of the legislature’s choosing. As it is likely we will be living with COVID-19 for some time to come, and the disease has already proven particularly harmful to low-income individuals and nursing home residents, many of whom are Legal Services’ clients, we urge the legislature to consider extending these flexibilities beyond the governor’s executive orders.

Thank you for your consideration of this request.

\(^2\) See [https://www.cbpp.org/research/the-new-tanf-requirements-and-individuals-with-disabilities](https://www.cbpp.org/research/the-new-tanf-requirements-and-individuals-with-disabilities)