



Testimony Regarding H.B. 6446 – An Act Concerning the Governor's Budget Recommendations for Human Services

**Universal Health Care Foundation of Connecticut
March 4, 2021**

Appropriations Committee chairs and members, thank you for the opportunity to submit testimony regarding House Bill 6446 – An Act Concerning the Governor's Budget Recommendations for Human Services.

Universal Health Care Foundation of Connecticut's mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is part of a broader movement for social and economic justice. We testify today both representing Universal Health Care Foundation of Connecticut and as a member of Medicaid Strategy Group.

When we say universal health care, we mean everybody. We believe that HUSKY (Medicaid and CHIP) is one powerful tool to achieve universal health care.

We are writing today to strongly urge you to amend this budget to:

- Increase HUSKY A parent/caregiver and HUSKY D income eligibility limits to 201% of the Federal Poverty Line,
- Create access to HUSKY programs for all income-eligible immigrants, regardless of status, and
- Remove the asset test added to the Medicare Savings Program.

Increase HUSKY A parent/caregiver and HUSKY D income eligibility limits to 201% of the Federal Poverty Line

Connecticut would not have to bear all the cost for increasing income eligibility limits for HUSKY A and D. The federal government will fund a match of 50%, sharing the cost with the state.

Increasing HUSKY A parent/caregiver income eligibility to 201% would restore it to pre-2015 levels and align parent/caregiver income eligibility and children's income eligibility. When a parent is enrolled in Medicaid, low-income children are more likely to receive their annual well-child visit, according to the [Center on Budget and Policy Priorities](#). Children also benefit from the increased physical, mental, and dental health of their parents being on HUSKY programs, as well as the added financial security that Medicaid coverage brings.

Increasing HUSKY D income eligibility levels to 201% of the Federal Poverty Level would help those in between 138% and 201% of the Federal Poverty Level. While, in theory, this population has access to plans on Access Health CT; in reality, these plans are too expensive to use for this income group, even with financial help. Often, these plans come with deductibles so high that they put most health care out of reach for those at or below 201% of the Federal Poverty Level. HUSKY coverage, which does not have cost sharing, is a much more appropriate way to cover this group to achieve better health outcomes.

Another reason to increase income eligibility for HUSKY A parents/caregivers and HUSKY D is the raise in the minimum wage. While raising the minimum wage is good policy for individuals and families, a small boost in income could mean someone is no longer eligible for Medicaid. That small boost in income is not sufficient to purchase private health insurance on Access Health CT, even with financial help. This means that the increase in income puts an individual or family behind, not ahead, if they are not able to stay on their HUSKY program. Of course, we can negate that problem by increasing income eligibility for HUSKY A parents/caregivers and HUSKY D.

Increasing income eligibility for HUSKY A parents/caregiver would allow a parent with two children to make up to \$44,000/year (or \$21/hour) and still qualify. For HUSKY D, an individual would be able to make \$25,700/year (or \$12 hour) and still qualify.

Connecticut is a state with a high cost of living, and we know that these income levels are a challenge to live on, especially if you are supporting a family.

Increasing HUSKY A parent/caregiver and HUSKY D income eligibility would also positively impact equity in insurance coverage. Those who would be eligible with this increase are disproportionately Black and Hispanic people, who are also less likely to be insured than white people.

Especially in a pandemic, we should ensure that as many people have health coverage as possible. While health coverage is not the only component to access to care, it certainly is an important one. We should do what we can to help low-income individuals and families in our state.

Create access to HUSKY programs for all income-eligible immigrants, regardless of status

Currently, undocumented immigrants are shut out of health insurance options. They are ineligible for HUSKY programs and banned from purchasing private health insurance on Access Health CT – plus there are barriers to obtaining private health insurance off the exchange – essentially leaving undocumented immigrants without any choices for coverage.

Because undocumented immigrants are unable to obtain health insurance coverage, the uninsured rate for this group is 52%, an estimated 60,000 people, according to the [Migration Policy Institute](#). In comparison, the uninsured rate for Connecticut was 6.3% in 2018, according to the [Kaiser Family Foundation](#).

This high uninsured rate for the undocumented population is a concern, especially in the current pandemic. We know that to combat the COVID-19 crisis, everyone needs access to quality health care. We are only as strong as the weakest link in our health care system. Despite the decision to provide Emergency Medicaid to all for COVID-19 treatment, this is only a partial solution. It is important to treat for all care needs, to ensure that conditions that exacerbate and worsen COVID-19 are addressed and controlled.

According to the [National Immigration Law Center](#), other states have provided coverage for certain undocumented immigrants, displaying a commitment to health for all. Both our neighboring states, New York and Massachusetts, offer health care coverage to undocumented children up to age 19, and coverage to some 19 and 20-year-olds. Just within the past year, Illinois decided to cover adults 65 and older regardless of immigration status with public insurance. California covers all immigrants regardless of status up to age 26 in their Medicaid program, known as Medi-Cal. Connecticut could lead the nation in covering all immigrants regardless of status through our public insurance programs like HUSKY.

At Universal Health Care Foundation of Connecticut, we believe that health care is a human right. We cannot let our immigrant neighbors continue struggle with illness, left out of health care systems. Opening HUSKY programs up to income eligible undocumented immigrants and adults here less than five years is another component to achieve universal health care.

Remove the asset test added to the Medicare Savings Program

The Medicare Savings Program helps low-income people pay for care and services not covered by Medicare. Adding an asset test to this program will inevitably mean that fewer people will be helped by this program. We need to be helping people, not taking away the help that keeps them healthy, especially during a pandemic.

Conclusion

Again, we strongly urge you to amend this budget to:

- Increase HUSKY A parent/caregiver and HUSKY D income eligibility limits to 201% of the Federal Poverty Line,
- Create access to HUSKY programs for all income-eligible immigrants, regardless of status, and
- Remove the asset test added to the Medicare Savings Program.

HUSKY/Medicaid programs are one part of broader efforts to make health care affordable for everyone. Again, because there is not the barrier of cost sharing in HUSKY programs, it is the best option for lower-income people. We have a strong HUSKY program – we should leverage that program to do the most good by amending this budget as stated above. Thank you for your time.