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Testimony in opposition to Sections 11 and 24 of Governor's Bill [H.B. 7040](#) - An Act Implementing the Governor's Budget Recommendations for Human Services Programs: *Reduce HUSKY A eligibility for parents (and caretaker relatives) of low-income children from 155% FPL to 138%FPL (section 11) and Cap Adult Dental Benefits under Medicaid at \$1000 annually (section 24)*

March 1, 2017

Submitted by: Tekisha Dwan Everette, PhD, Executive Director

Dear Senator Moore, Senator Markley, Representative Abercrombie, and members of the Human Services Committee, I am submitting testimony as the Executive Director of Health Equity Solutions, a nonprofit organization committed to promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to obtain optimal health regardless of race, ethnicity, or socioeconomic status. To achieve this vision, our state must align its systems to ensure we do not exclude or unduly harm the individuals and communities from obtaining optimal health.

I am writing to express opposition to the proposed changes in HUSKY A eligibility and the proposed cap in dental benefits for adults with HUSKY coverage. Medicaid is an essential piece to achieving health equity as it is a system of health care aimed at providing affordable access to health care to a segment of the population who would otherwise not have an affordable health insurance or health care option. HB 7040 proposes to further reduce HUSKY A eligibility for parents from 155% of the federal poverty level (FPL) to 138% of FPL, making a parent or caretaker in a family of four making \$38,272 or more ineligible for HUSKY A. This would result in a loss of health coverage for approximately 9,500 low-income parents in Connecticut. This proposed reduction comes on the heels of a cut to eligibility for HUSKY parents just two years ago. What we know from the 2015 reduction as well as the lessons from other states is that reductions such as these result in increased uninsured – and not just parents. Often when parents lose coverage under Medicaid, there is confusion about the child's continued eligibility resulting in lost coverage for the child. Connecticut had been a leader in the expansion of health care access, it would be unfortunate to turn back on our progress. **Please reject the proposed reduction in HUSKY A eligibility!**

I am also writing with grave concern about instituting a dental cap in Medicaid for HUSKY adults. My concern is that a dental cap will result in a reduction in dentists accepting HUSKY. I am further concerned that where dentists will continue to see HUSKY adults, the individual may not have sufficient coverage under HUSKY nor sufficient funds to cover their oral health needs. **Please reject the proposed dental cap in HUSKY!**

Given the fiscal crisis, I understand the difficult decisions legislators have before them; however, we cannot ignore the devastation the proposed cuts will have on health equity in Connecticut. Based on publicly available data, approximately 49 percent of the non-elderly individuals receiving Medicaid benefits in Connecticut are Black or Latino. Any changes to Medicaid would have a direct impact on people of color and further exacerbate inequities to health care access and outcomes.

Health equity is achieved when every Connecticut resident is able to obtain their optimal health without barriers and without regard to race, ethnicity, or socioeconomic status. We have to align our systems to encourage fair and equitable access and outcomes in health care and health. As you face the tough decisions regarding Medicaid, I urge you to consider the health equity impact of your funding choices.

Thank you for your time and consideration.