

Testimony Supporting:

Bill No. 1324, An Act Concerning Health Care Access, Quality and Family Support for Children with Special Health Care Needs

Bill No. 7242, An Acting Concerning Health Care Access for Children with Special Health Care Needs Through the Family Opportunity Act and the Children's Health Insurance Plan Waiver

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Select Committee on Children Public Hearing

February 27, 2007

Dear Senator Meyer, Representative McMahon, and Members of the Select Committee on Children:

Sharon Langer is a Senior Policy Fellow, and Mary Glassman is Director of Legislative Affairs with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. We submit this written testimony on behalf of the sister lobbying organization – Advocates for Connecticut's Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We **support** Bill No. 1324, An Act Concerning Health Care Access, Quality and Family Support for Children with Special Health Care Needs which establishes the Children with Special Health Care Needs Partnership, a Council to assist in developing the Partnership, and a Family Support Network to help families of children with special health care needs navigate the health care system. Through our work coordinating the Covering Connecticut's Kids and Families (CCKF) coalition, we are aware of the difficulties families have accessing the full array of services necessary to support their children's growth and development. This Partnership would assist all interested parties in focusing attention on how best to help such families and those who provide health and supportive services to them.

We also **support** Bill No. 7242, An Acting Concerning Health Care Access for Children with Special Health Care Needs Through the Family Opportunity Act and the Children's Health Insurance Plan Waiver.

The federal Deficit Reduction Act of 2005 creates an opportunity for states, such as Connecticut, to assist children with disabilities get the full range of services they need. The DRA creates a state option under Medicaid to extend eligibility to children under age 19 who meet the federal Supplemental Security Income (SSI) disability definition but not the income eligibility rules. Under this option, Connecticut would be able to extend Medicaid eligibility to children in families with income up to 300% of the Federal Poverty

Level (FPL) and receive federal matching funds. Above 300% of FPL, there would be no federal match but the state could impose a reasonable premium structure.

Although our SCHIP program, HUSKY B, covers all children over 185% of the FPL, the benefit package is more restrictive than the benefits required under Medicaid, and does not meet the needs of children with special health care when income goes over 300% of FPL. For example, Medicaid covers necessary medical transportation, and HUSKY B does not.

This legislation would also allow families with income over 300% to obtain the services available under the HUSKY Plus Physical supplemental benefit package. In HUSKY B, when family income exceeds 300% of FPL, two important changes occur. The family is required to pay the full state-negotiated premium. The cost can be prohibitive for these families since the premium costs between \$158 and \$230 per child per month. In addition, children with income above 300% of FPL, are no longer eligible for HUSKY plus physical services, which assist parents in caring for children with severe special needs. HUSKY plus provides services, such as, adaptive and specialty equipment, physical, occupational, and speech therapy, medical and surgical supplies, and help in coordinating specialty care and accessing services. We therefore support giving children in families with income over 300% of FPL access to the HUSKY Plus benefit package.

In other testimony before several this Committee as well as others we have urged the legislature to adjust the HUSKY B income eligibility rules, by eliminating the income “cliff” that occurs when family income goes one dollar over 300% of FPL. Allowing these higher income families of special needs youngsters to buy-in to the HUSKY Plus program makes economic and health sense. Creating a more reasonable premium structure for families at this income level does as well. And finally, as mentioned above, utilizing the Medicaid option under the DRA is yet another sensible strategy for helping families get the health care they need for some of our most vulnerable children in the state.

Thank you for this opportunity to testify on behalf of these measures which would assist families caring for children with special health care needs.