

**Testimony to Senator Blumenthal about the Importance of Preserving the  
Affordable Care Act**

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Good evening Senator Blumenthal,

My name is Sharon Langer. I am a Norwalk native and for the past 19 have lived in West Hartford with my family. I am the advocacy director of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children can achieve their full potential.

At Connecticut Voices, I coordinate our Covering Connecticut's Kids & Families (CCKF) project. For well over a decade CCKF has brought together state health insurance programs like HUSKY and the insurance exchange with health and social services community partners to share information to improve health coverage and access to care.

I am also a chair of the state's Behavioral Health Partnership Oversight Council, the legislatively created body tasked with advising the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, about how to improve HUSKY mental health and substance abuse services.

I appreciate the opportunity to speak about what is at stake for children and families if Congress makes good on its promise to repeal the Affordable Care Act and replace it with a law that will destroy the

Medicaid program and make health care less affordable and less accessible – a move Connecticut literally cannot afford.

Connecticut has been a national leader in providing cost effective and quality health coverage for children and low-income adults through HUSKY, our combined Medicaid and CHIP (the Children’s Health Insurance) program. We have proudly used the current flexibility of the ACA and Medicaid to cover more children, pregnant women, parents, and low-income adults, and to implement quality improvements. Our state has one of the lowest uninsured rates among children and adults in the nation, with a rate of 3.3 percent for children and 6 percent for adults, in 2015. Although the rates of uninsured have dropped to about 9 percent for black state residents and 15 percent of Hispanic residents, those rates are still much higher than the 4.5 percent of the state’s white population. Black and Hispanic residents have higher rates of coverage through HUSKY than other types of insurance.

These gains are now at risk. The federal government currently pays 95 percent of the costs of covering more than 200,000 low-income adults on Medicaid through the “Medicaid expansion” – including many young adults who would otherwise go without coverage, and who are struggling with mental health and addiction issues. Under the ACA, the federal share is slated to decrease to 90 percent by 2020 and remain there. In contrast, under Republican proposals the funding would decrease dramatically to 50 percent by 2021, making it unlikely that most states – including Connecticut - will be able to maintain coverage for this population. Through elimination of the added federal funding for the Medicaid expansion in combination with other changes in Medicaid financing, Connecticut is projected to lose \$12 billion in federal Medicaid dollars by 2026, and hundreds of thousands of residents will almost certainly lose coverage. (Manatt Health, July 2017).

Over 300,000 children and about half as many parents or other relative caregivers are insured through HUSKY, as well as another hundred thousand seniors and adults with disabilities. All together almost 800,000 Connecticut residents receive coverage through HUSKY.

Latino and African-American families, who are more likely to rely on HUSKY, face a higher risk for loss of coverage under Congress's proposal.

The federal government pays the majority of the costs in HUSKY, providing approximately \$3.5 billion to the state. In addition, it provides the subsidies that help tens of thousands of families pay for commercial coverage through our state based health insurance exchange, Access Health CT (including over 8,000 children).

On a personal note when one of my children turned 26 and did not yet qualify for employer based coverage, she was covered through a plan offered by Access Health CT. It helped pay her medical bills and provided peace of mind to all of us.

Recent research on the long-term effects of Medicaid on children demonstrates that coverage is correlated with higher earnings and better health in adolescence and in adulthood. Providing health coverage to the parents of children on Medicaid increases the likelihood that children are insured and get the care they need. Moreover, Medicaid is tailored to the needs of low-income children and children with special health care needs. It helps children with autism and other complex medical and behavioral health conditions remain at home and able to participate in school.

In spite of these positive effects of Medicaid coverage, our state's continuing fiscal challenge has already led to reductions in HUSKY eligibility for low-income parents and a current proposal to reduce eligibility further – and this is occurring even before the threat of a massive withdrawal of federal funding by Congress. As you know the Congressional Budget Office has predicted that 22 million more people will be uninsured by 2026 than under current law if the Senate bill passes. CBO has also projected that by 2036, Medicaid will have suffered a 35 percent cut in funding.

In sum, Congress is posed to rollback decades of improvement to coverage and care for children and families in our state and across the nation. We now know from trusted sources that this will increase the number of uninsured residents, increase our state budget woes, and reduce funding for health care providers – including hospitals and nursing homes.

We cannot afford this misguided approach to ensuring a healthy future for our state's children. Parents don't need freedom from publicly financed health insurance as some in Congress would have us believe – they need peace of mind that when they or their children get sick they can get the care they need.

Thank you again for the opportunity to speak about the importance of preserving the Affordable Care Act.

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