

**Testimony Regarding the Governor's Proposed Budget Revisions for the  
Department of Social Services**

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Appropriations Committee  
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Good Evening Senator Osten, Senator Formica, Representative Walker, Representative Ziobron, and esteemed members of the Appropriations Committee:

Thank you for this opportunity to submit testimony regarding the Governor's proposed changes to the Department of Social Services budget for FY 2019. My name is Karen Siegel, and I am the Health Policy Fellow at Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. I will be addressing the Governor's proposals related to healthcare and the Department of Social Services. In separate testimony, my colleague Stephanie Luczak will be testifying about the implications of the Governor's budget proposal related to the Department of Children and Families.

DSS budget proposals should be viewed in the context of the series of cuts to our HUSKY Health programs over the past several years. Of the 11,229 parents who lost HUSKY coverage as a result of cuts made in 2015, just 2,380 remained in the marketplace as of October 2017, and half of these caregivers experienced gaps in coverage.<sup>1</sup> Gaps in health insurance coverage mean gaps in access to care, which is particularly important for individuals who experience chronic behavioral, oral, or physical health conditions. We do not have data detailing the impact of the 2015 eligibility changes on children whose parents lost coverage. There is no regular reporting on the continuity of HUSKY coverage, nor a plan to report on families impacted by the more recent cuts. An additional 13,000 parents are slated to lose coverage at the end of 2018. While children in impacted families remain eligible for coverage, we know that insured parents make for a healthier household—not only because parents can afford the care they need in order to parent well and work steadily, but because children are more likely to be insured and receive preventive care when their parents are insured.<sup>2</sup>

Further, access to care is being eroded for families who remain covered. **We are opposed to the proposal to decrease primary care provider rates.** Combined with last sessions reductions, primary care providers will receive 90 percent of the Medicare reimbursement rate. Research shows that when provider rates increase, providers increase their appointment slots for Medicaid patients.<sup>3,4</sup>

In addition, **reductions to other agencies' services in this proposed budget and in recent years will limit access to care for children and families insured by the HUSKY program as well as those who have no insurance.** As we reduce the Department of Public Health funding to the school-based health centers providing behavioral, oral and physical health care to low-income children, and reduce mental health services for youth through cuts to the Department of Mental Health and Addiction Services, we increase the likelihood that children and parents will go without the care they need to succeed in school and in life. These cuts disproportionately impact our state's children of color and are likely to widen the already drastic health disparities we face.

If we truly aim to promote health equity, we must empower primary care providers to coordinate care and engage in a more holistic approach to families' wellbeing, and providers

must be funded to do so. This approach is supported by the State Innovation Model efforts such as community health worker integration and advanced care coordination and is crucial to addressing the social determinants of health that impact wellbeing outside of our health systems. These cuts would further impede that vision and potentially make it harder for children and parents enrolled in HUSKY to access care.

With federal threats to funding for social services including Medicaid and our supplemental nutrition programs, it is more important now than ever that Connecticut commit to providing high-quality, robust healthcare to children and families who otherwise cannot afford care. We appreciate that the Legislature—and the members of the Appropriations Committee in particular—are confronted with numerous hard choices amidst the state’s fiscal crisis. Connecticut Voices for Children has put forth a brief on multiple options for raising the revenue needed to fund critical services in an equitable way. We believe that only by balancing optimized investments in children, families, and infrastructure with raising revenue in an equitable way can the state grow our economy and move to a future that offers opportunity and prosperity to all its citizens.

Thank you for this opportunity to submit testimony related to the Governor’s Proposed FY19 Budget Adjustments. I can be reached at: [ksiegel@ctvoices.org](mailto:ksiegel@ctvoices.org) or 203-498-4240 (x120).

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<sup>1</sup>Connecticut Department of Social Services. “HUSKY A Transitions” presentation to MAPOC on November 17, 2017. Available at: [https://www.cga.ct.gov/med/council/2017/1117/20171117ATTACH\\_HUSKY%20A%20Transitions%20Report;%20October%202017.pdf](https://www.cga.ct.gov/med/council/2017/1117/20171117ATTACH_HUSKY%20A%20Transitions%20Report;%20October%202017.pdf)

<sup>2</sup> Hudson, J and Moriya A. (2017) “Medicaid Expansion for Adults had Measurable ‘Welcome Mat’ Effects on Their Children.” *Health Affairs*; September 2017 36:91643-1651  
<http://content.healthaffairs.org/content/36/9/1643.abstract>

<sup>3</sup> The Kaiser Family Foundation. “The ACA Primary Care Increase: State Plans for 2015.” (2014). Retrieved from: <https://www.kff.org/medicaid/perspective/the-aca-primary-care-increase-state-plans-for-sfy-2015/>

<sup>4</sup> Polsky, D., Richards, M., Basseyn, S. et al. (2015) “Appointment Availability After Increases in Medicaid Payments for Primary Care.” *New England Journal of Medicine*; 372:537-45. DOI: 10.1056/NEJMsa1413299