

**Testimony Supporting:**

**House Bill No. 6158, AAC Health Insurance Coverage for Children**  
**House Bill No. 6722, AAC Healthy Kids Initiative**  
**House Bill No. 6515, AAC School-Based Health Clinics**  
**Senate Bill No. 193, AAC Assistance Provided by the Office of the Healthcare Advocate to HUSKY Plan, Part A and B Recipients**  
**Senate Bill No. 237, AAC Parity of Payment Rates to Providers Under the HUSKY Plan, Part A**  
**Senate Bill No. 331, AAC Health Care Access for Children with Special Health Care Needs**  
**Senate Bill No. 457, AAC The Prevention of Teen Dating Violence**

Sharon D. Langer, J.D.  
Mary A. Glassman, J.D.  
Mary Alice Lee, Ph.D.

Select Committee on Children  
February 6, 2007

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

Sharon Langer and Mary Alice Lee are Senior Policy Fellows, 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 are here today to testify 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 strongly support H.B. No. 6158, An Act Concerning Health Insurance Coverage for Children and H.B. 6722, An Act Concerning Healthy Kids Initiative** and commend Speaker Amann and members of the Legislature for recognizing the need to provide all Connecticut's children with access to quality, affordable health care and making health care a priority for the 2007 Legislative Session.

There is no dispute that uninsured children and families who do not have access to preventive care are often forced to forego needed care or seek more costly emergency room medical care – shifting health care costs to providers and taxpayers. So it not only makes medical sense to provide access to health care to these children and families, it makes economic sense as well.

In crafting a health care plan for Connecticut this session, it is essential for legislators to address improvements to the HUSKY system to keep children healthy and insured. Legislators should consider HUSKY coverage for low-income families as the base upon which to build efforts to improve coverage for higher income, uninsured persons. It makes sense to restore trust and stable coverage in this important program and to address the problems of the neediest first before adding solutions to help others.

As you know, Connecticut's HUSKY program provides low-cost or free health care coverage to more than 300,000 children, parents and pregnant women. Although HUSKY has a record of being successful in reducing the number of uninsured families in the state, recent cutbacks and confusion about program rules have threatened its success. Since June 2005, HUSKY enrollment has dropped by 19,000 persons, about 15,000 of whom are children under the age of 19.

Moreover, while we have made progress in helping children and families obtain preventive health care in the HUSKY program, much more needs to be done as the following statistics from 2005 attest: 43% of children ages 2 to 19 did not receive *any* well-child care; almost 60% of children received *no* preventive dental care and; just 55% of children who were hospitalized for treatment of asthma had timely follow-up care. Although 16% of mothers in HUSKY A smoked during pregnancy, compared with just 3% of other mothers who gave birth, Connecticut does not mandate smoking cessation services (e.g., counseling and medications) for all Medicaid recipients.<sup>1</sup>

While there is no magic solution to the health care problem in Connecticut, focusing on improvements to HUSKY would have a significant impact on reducing the number of uninsured children and families in our state, and increasing access to timely and quality health care for our most vulnerable residents.

Specific ways to improve the HUSKY program include:

- Align parent and child income eligibility levels up to 300% of the Federal Poverty Level, which is \$49,800 for a family of 3. (Currently children received subsidized HUSKY coverage up to this income limit but parents are only eligible up to 150% of FPL). Research shows that covering entire families increases insurance coverage for children.
- Cover pregnant women to 300% of the Federal Poverty Level, since these children will be HUSKY B eligible (currently these women are eligible up to 185% of FPL).
- Cover undocumented children under HUSKY to meet the goal of ensuring that “each child in the state has health insurance coverage” as outlined in HB 6158.
- Cover undocumented pregnant women. Their children will be HUSKY A eligible U.S. citizens.
- Create a more graduated premium structure in the HUSKY B program.
- Eliminate the “cliff” that occurs when family income exceeds 300% of FPL. Over 300% of FPL, the cost of health insurance for children in HUSKY B is not subsidized by the State, so the cost of premiums rises dramatically, making it unaffordable for many families.
- Restore “continuous eligibility” for children so that children remain eligible for HUSKY for one year regardless of fluctuations in income.
- Reimburse HUSKY health care providers at a level that encourages participation by primary, specialty, and ancillary care providers. A recent survey by the Department of Social Services found

---

<sup>1</sup> Connecticut Voices for Children, “How is the HUSKY Program Performing?” (February 2007), available at [www.ctkidslink.org](http://www.ctkidslink.org).

that only 25% of new enrollees were able to make an appointment for routine care with a health care provider.

- Centralize enrollment processes of HUSKY A and B to reduce administrative costs.
- Increase community-based, culturally competent outreach and application assistance to all children who are eligible but not receiving HUSKY.
- Cover treatment of tobacco dependence under HUSKY.
- Ensure state-funded coverage for applicants who make a good-faith effort to obtain documents to prove their citizenship and identity, but are unable to do so within the required federal timeframe.
- Reverse plans to require low-income HUSKY parents to pay new premiums and co-pays. (Such cost-sharing acts as a barrier to coverage and can also have a deleterious affect on children's coverage).

**We also support the following proposed bills which would help children access vital health care coverage and services:**

- *S.B. 193 AAC Assistance Provided by the Office of the Healthcare Advocate to HUSKY Plan, Part A and B recipients.*

We support giving the Healthcare Advocate authority to assist HUSKY enrollees with enrollment, coordination of public and private insurance coverage issues, billing problems, and the like, as the Office currently does with regard to private health plans. The Office of Healthcare Advocate is in a terrific position to assist HUSKY families and to inform lawmakers of the successes and challenges in resolving problems on behalf of the publicly, as well as privately insured citizens of our state.

- *S.B. 237 AAC Parity of Payment Rates to Providers Under the HUSKY Plan, Part A.*

We support requiring the HUSKY managed care plans to reimburse health providers for care coordination and case management services to children with complex health care needs, at a rate that is commensurate with the rate paid to providers providing such services to children with complex behavioral health care needs. Under state and federal Medicaid law requiring Early Periodic, Screening, Diagnostic and Treatment (EPSDT) services to all Medicaid children under age 21, providers should receive reimbursement for case management services. We would also support the requirement that the HUSKY health plans report claims data concerning this service to the Department of Social Services, which oversees the HUSKY program.

- *S.B. 331 AAC Health Care Access for Children with Special Health Care Needs*

We support the establishment of 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.

- *S.B. 457 AAC The Prevention of Teen Dating Violence*

We support the proposal to develop a curricula on teen dating violence in schools and efforts to raise awareness and education in order to reduce incidents of teen dating violence.

- *H.B. 6515 AAC School-Based Health Clinics*

We support increased funding for school-based health clinics. Such clinics are an important part of the health care delivery system for children. Expanding the number of school-based health clinics, their hours of operation, the number of personnel, and preventive and early detection health programs should all be considered as part of the legislature's efforts to provide accessible and affordable health care to all children in the state.

Thank you for the opportunity to share these recommendations with you. While the HUSKY program has helped reduce the number of uninsured children and families since its inception in 1997, it is now time for some much needed improvements to the HUSKY system which will enable us to meet Speaker Amann's goal to ensure health care coverage to all children in the state of Connecticut.