



Written Testimony before the Committee on Human Services  
2.23.10

SB 32, AA Implementing the Governor's Budget Recommendations Concerning Social Services  
and  
HB 5145, AAC An Increase in the Amount of Federal Funds Received by State Agencies

**BY SOPHIA ALYSSA SIMPSON**

Connecticut Association of Nonprofits (CT Nonprofits) is the largest membership organization in Connecticut dedicated exclusively to working with nonprofits in Connecticut. We represent over 500 nonprofits, 300 of which hold purchase of service contracts with the state to provide health and human services on its behalf.

**SB 32 – Oppose Sections 29, 36, 46**

CT Nonprofits strongly opposes changing copayments under the HUSKY Plan, Part B, to be the same as those in effect for active state employees enrolled in a point-of-enrollment health care plan, provided the family's annual combined premiums and copayments do not exceed the maximum annual aggregate cost-sharing requirement." This would increase the premiums and copayments for individuals subscribed to the HUSKY B.

Families who are enrolled in HUSKY B are low-income and already facing rising costs for healthcare and other basic necessities. This change will further restrict access to healthcare for families who are least able to pay, families who are served by the work of nonprofit organizations throughout the state. Raising copayments for families already receiving minimal benefits is a shortsighted way to increase revenue and effectively increases state costs in other areas. Research routinely demonstrates that if premiums and co-pays increase, most families will elect to do without treatment or medication. Instead, they become sicker, eventually compounding their illness and needing more complex and expensive care in emergency rooms. Such emergency room care is far more costly to taxpayers.

CT Nonprofits also opposes narrowly defining the terms "medically necessary" and "medical necessity." Using more restrictive definitions of these terms ultimately result in low-income families not receiving many necessary procedures and becoming more ill. Doctors should be given high discretion to decide the best course of care for their patients.

We also oppose limitations on nonemergency medication transportation and vision care. Placing limitations on such essential vision services places a huge burden of cost on low income families enrolled in Medicaid to pay out of pocket cost for expensive glasses, contacts and services provided by an optician. Approximately 75% of the United States adult population use vision correcting devices.<sup>1</sup> Restricting access to vision care means that many low-income families will not have access to necessary vision correcting devices and simply won't be able to see. Balancing the budget by limiting such a basic need is not the way to go.

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<sup>1</sup> VisionWatch (Jobson Medical Information LLC and Vision Council of America), June 2006

As the state continues to find ways to balance the budget, it is imperative to look beyond small increases in healthcare costs for low-income families, which will ultimately result in greater long-term costs to the state.

### **HB 5145 - Support**

CT Nonprofits supports the state of Connecticut in efforts to find ways to increase federal reimbursement for services provided by the Departments of Children and Families, Mental Health and Addiction Services, Developmental Services and Social Services. Requiring state agencies to submit requests and action plans to obtain federal funding will alleviate the state from being forced to cut necessary and important services for lack of funding. This measure will lessen the state's burden in funding health and human services by taking advantage of matching federal funds. The state's health and human services agencies provide essential services to the state's poorest residents and the state should make sure to exhaust all possible sources of funding before cutting these services.

Thank you for the opportunity to submit testimony. Please do not hesitate to contact me with any questions.