



**Testimony Regarding H.B. 5048: An Act Adjusting the State Budget for the Biennium  
Ending June 30, 2025**

Katherine Villeda, Director of Policy & Harley Webley, Policy and Communications Specialist  
Appropriations Committee  
February 20, 2024

Dear Senator Lesser, Representative Gilchrest, Senator Somers, Representative Bolinsky, and esteemed members of the Appropriations Committee,

Thank you for accepting this testimony regarding **H.B. 5048: An Act Adjusting the State Budget for the Biennium Ending June 30, 2025**, on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Every year, Health Equity Solutions engages in community conversations with Connecticut residents to inform our policy agenda. To date, we have engaged over 570 participants across 47 towns and cities.<sup>1</sup> The feedback gathered during these conversations are used to shape our policy priorities. Since 2020, the ability to afford and access health care has consistently been among the top three health equity priorities for Connecticut residents.<sup>2</sup>

As a result of these conversations and our analysis of the health equity impact, **we respectfully urge the Appropriations Committee to oppose the governor's proposed budget items to reduce HUSKY A income eligibility requirements for parents and caregivers from 160% of the Federal Poverty Line to 138% of the Federal Poverty Line and oppose the reversal of fully raising the HUSKY C income eligibility limit.**

Lack of health insurance is one of the most significant barriers to health.<sup>3</sup> Insurance coverage facilitates access to health care and prevents long-term chronic illness. It also helps individuals find specialized care when needed. While health insurance alone does not ensure optimal health or quality care, it is a crucial component of access. People with health insurance are more likely to have a regular health provider and are less likely delay or forgo care.<sup>4</sup>

Due to cuts implemented in 2015, more than 11,000 parents and caregivers lost their HUSKY Health (Medicaid) coverage in 2016. Moving people from HUSKY to CoveredCT will impact their covered benefits and provider networks. For example, due to systemic racism and targeted advertising, low-income adults earning less than \$30,000 annually (and are likely eligible for HUSKY) are three times more likely to smoke compared to adults earning \$100,000 or more.<sup>5,6</sup> Parents and caregivers covered under HUSKY A have special access to smoking cessation services.<sup>7</sup> Without HUSKY coverage, some people may lose access to therapies that help them quit.

This proposal negatively impacts the immediate and long-term challenges to accessing health care. For example, people earning 100-199%FPL have the highest rate of uninsurance (11.9%).<sup>8</sup> This is largely due to the high costs of coverage, as this population includes most adults who just exceed Medicaid and

## HEALTH EQUITY SOLUTIONS

Covered CT income limits. And, in June 2021, 18% of Connecticut households with working adults had health insurance costs that exceed an affordability benchmark.<sup>9</sup> Further, older adults and people with disabilities with incomes higher than \$1,276 do not qualify for HUSKY C. Steps should continue to be taken to improve coverage options, not eliminate them.

Another key obstacle is immigration status. We acknowledge the state's efforts to broaden coverage options in recent years. However, many Connecticut residents still lack options for insurance they can afford to both enroll in and use due to their immigration status and **we respectfully urge the Appropriations Committee to support funding for the state-funded HUSKY program to increase eligibility for all income-eligible Connecticut residents, regardless of immigration status, up to age 18.**

An estimated 23% of uninsured people in Connecticut are immigrants without legal status.<sup>10</sup> Many immigrants are ineligible for Medicaid due to visa status or residing in the United States for fewer than five years. Immigrants without documents are ineligible for Medicaid AND unable to purchase health insurance on Access Health CT. Based on country-of-origin estimates, it is reasonable to assume that most immigrants without documents living in Connecticut are people of color.<sup>11</sup> As a result, ensuring access to health insurance for all immigrants living in Connecticut is a crucial part of advancing health equity in our state.

Several states and the District of Columbia have expanded coverage to income-eligible adults and children regardless of immigration status in recent years. Most states in New England now cover all children, regardless of immigration status, through their Medicaid programs, except for New Hampshire<sup>12</sup> and Connecticut's gap for children between 16-18 years old. California recently became the first state to cover all income-eligible immigrants regardless of their immigration status and age through their Medicaid program, MediCal.<sup>13</sup> In Oregon, all children, and adults ages 19-25 or adults 55 and older are eligible for comprehensive coverage.<sup>14</sup> In Colorado, immigrants are eligible for state-funded premium subsidies to assist high insurance costs.<sup>15</sup> The District of Columbia program provides coverage to children and adults through the Immigrant Children's Program and the DC Healthcare Alliance Program.<sup>16</sup>

HUSKY programs provide access to essential medical services and offer opportunities for preventive care, health education, and support services that can positively impact long-term health outcomes. HUSKY programs play a vital role in mitigating racial health disparities and promoting health equity in our state. Due to systemic racism, including discrimination in education and employment, Black and Hispanic people are overly represented in HUSKY. Further, Black, Indigenous, Latino/a, and other people of color in Connecticut are already at greater risk of avoiding care, accruing medical debt, and going uninsured.

The fight for health justice is not siloed and we recognize that HUSKY coverage is essential to achieving health equity. Significant gains have been made to the HUSKY program over the last few years to cover more people and those gains should be protected, not diminished. Prioritizing current HUSKY A and C standards and expanding coverage for all children regardless of their immigration status ensures access to healthcare services for individuals who might otherwise face significant barriers due to systemic injustices.



Thank you for the opportunity to submit this testimony regarding H.B. 5048: An Act Adjusting the State Budget for the Biennium Ending June 30, 2025. For any questions, please contact Kally Moquete at [kmoquete@hesct.org](mailto:kmoquete@hesct.org).

---

<sup>1</sup> Health Equity Solutions. (n.d). Community Conversations. Health Equity Solutions. <https://hesct.org/community-conversations/>

<sup>2</sup> Health Equity Solutions. (n.d). Community Conversations. Health Equity Solutions. <https://hesct.org/community-conversations/>

<sup>3</sup> Office of Disease Prevention and Health Promotion. (n.d.). *Access to health services*. Access to Health Services - Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>

<sup>4</sup> Tolbert, J., Drake, P., & Damico, A. (2023, December). *Key facts about the uninsured population*. KFF. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

<sup>5</sup> Centers for Disease Control and Prevention. (2021, May 14). *Tobacco industry marketing*. Centers for Disease Control and Prevention. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/tobacco\\_industry/marketing/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm)

<sup>6</sup> Davila, K., Abraham, M., & Seaberry, C. (2023, August). *Health Equity in Connecticut 2023*. DataHaven. <https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%202023%20Health%20Equity%20Report%20082323.pdf>

<sup>7</sup> *Benefit overview*. CT.gov. (n.d.). <https://portal.ct.gov/HUSKY/Benefit-Overview>

<sup>8</sup> Kaiser Family Foundation analysis of the 2008-2022 American Community Survey, 1-Year Estimates. Available at: <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-federal-poverty-levelfpl/?currentTimeframe=0&selectedRows=%7B%22states%22%3A%7B%7D%7D>

<sup>9</sup> Office of Health Strategy. (2021). *Connecticut Healthcare Affordability index*. Connecticut Affordability Index. <https://portal.ct.gov/-/media/OHS/CT-Healthcare-Affordability-Index/CHAI/CT-Healthcare-Affordability-Index-Executive-Summary-OHSOSC-621.pdf>

<sup>10</sup> CT Health Foundation. (2020) Health Disparities in CT. Retrieved from: <https://www.cthealth.org/wpcontent/uploads/2020/01/Health-disparities-in-Connecticut.pdf>

<sup>11</sup> Migration Policy Institute analysis of 2015-2019 U.S. Census Bureau data. Available at: <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CT>

<sup>12</sup> National Immigration Law Center. Health Care Coverage Maps. Retrieved from: <https://www.nilc.org/issues/health-care/healthcoveragemaps/>

<sup>13</sup> California is expanding health care coverage for low-income immigrants in the new year. Retrieved from: <https://apnews.com/article/california-medicaid-expansion-undocumented-immigrants-34d8deb2186e9195b253f499e81a3d77>

<sup>14</sup> Oregon Health Authority. Oregon Health Plan. Retrieved from <https://www.oregon.gov/oha/hsd/ohp/pages/healthieroregon.aspx>

<sup>15</sup> Kaiser Family Foundation. Health Coverage and Care of Immigrants. (2022). Retrieved from <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>

<sup>16</sup> Kaiser Family Foundation. Health Coverage and Care of Immigrants. (2022). Retrieved from <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>