

Health Care Cuts = Vulnerable Families

Connecticut should step up its support of families in this economic downturn.

Connecticut could receive \$1.3 billion in increased federal Medicaid reimbursement.

Health care cuts mean turning our back on federal funds and families in need.

The federal government has expanded funding for Connecticut's Medicaid and HUSKY programs.

At least \$1.3 billion more is available to support Medicaid and HUSKY through the federal stimulus package. The federal government will pay more than half the costs of the Medicaid program (increasing the federal share from 50% to at least 56.2%).

The federal Children's Health Insurance Program (CHIP) legislation will provide *new* funding for children and pregnant women in HUSKY A and HUSKY B who are **recent legal immigrants**.

The Governor proposes to cut \$273 million from health care programs for families and individuals. The proposed policies will limit access to health care for parents in HUSKY A, children in HUSKY B, senior citizens and others who rely on Medicare Part D for prescription drugs and recent legal immigrants.

Most of these measures have been **proposed and rejected many times in the past**. Some have been adopted and then rejected when their impact became clear. Some have even been implemented and then rescinded.

In 2003, researchers at Georgetown University estimated that **thousands of adults in Connecticut, including elderly residents, would lose health care coverage** if premiums were imposed in Medicaid. Thousands of HUSKY B children almost lost coverage when premiums were imposed - and then removed before full implementation.

Don't turn away millions of dollars in federal reimbursements.

| | Cost '09-10 (millions) | Cost '10-11 (millions) |
|---|---------------------------|---------------------------|
| Emergency dental coverage only for adults | 22.7 | 28.0 |
| No health care for recent legal immigrants except for emergencies or through SAGA | 23.6 | 24.5 |
| Co-pays on Medicaid services | 8.5 | 10.5 |
| Premiums for adults in HUSKY A | 8.8 | 9.3 |
| No Medicaid coverage for medical interpreters | 5.5 | 6.0 |
| Limited definition of “ medical necessity ” | 4.5 | 9.0 |
| Increased income verification requirements in HUSKY A (no “self-declaration”) | 2.0 | 2.0 |
| Delayed implementation of HIV/AIDS community-based services waiver | 1.6 | 4.0 |
| Increased HUSKY B premiums | 1.5 | 1.6 |
| No vision care or non-emergency transportation in SAGA | 1.1 | 1.1 |
| Reduced HUSKY outreach, program support, Healthy Start | .7 | 2.5 |
| No HUSKY performance monitoring | .2 | .2 |
| No clinic funding for pregnant women not eligible for Medicaid | 2.0 | 2.0 |
| Part D wrap-around which holds ConnPACE and Medicaid (dually eligible) participants harmless from limits in Medicare Part D program dismantled | 31.0 | 34.5 |
| Medicaid coverage for most over-the-counter drugs eliminated. Coverage for children in HUSKY A is retained. | 7.0 | 7.6 |
| Mental health-related drugs included in Preferred Drug List system | 1.9 | 2.0 |
| 5-day temporary supply of prescription drug (instead of 30-day) dispensed where required prior authorization has not been obtained | 1.2 | 1.3 |
| Prior authorization of certain high cost drugs required | 1.4 | 1.5 |