



*Testimony before the Human Services Committee  
Commissioner Andrea Barton Reeves  
March 7, 2023*

Good morning, Senator Lesser, Representative Gilchrest, and distinguished members of the Human Services Committee. My name is Andrea Barton Reeves, and I am the Commissioner-Designate for the Department of Social Services (DSS).

I am pleased to appear before you today to offer remarks on several of the bills on today's agenda.

**SB 1176 AN ACT CONCERNING TELEHEALTH.**

The Department of Social Services appreciates the opportunity to comment on this bill. DSS respectfully recommends the following substitute language to section 1 (b) of this bill:

(b) The department shall provide coverage under the [Medicaid] Connecticut medical assistance program for telehealth services, including, on and after July 1, 2023, audio-only telehealth services, for categories of health care services that the commissioner determines are (1) clinically appropriate to be provided by means of telehealth, (2) cost effective for the state, and (3) likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for [Medicaid] medical assistance recipients for whom accessing appropriate health care services poses an undue hardship. [The commissioner may provide coverage of telehealth services pursuant to this section notwithstanding any provision of the regulations of Connecticut state agencies that would otherwise prohibit coverage of telehealth services.] To the extent permissible under federal law, **and subject to the commissioner's determination based on the criteria for the state set forth above,** the commissioner shall provide reimbursement for services provided by means of telehealth to the same extent as if the service was provided in person. The commissioner may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations, provided notice of intent to adopt the regulations is published in accordance with the provisions of section 17b-10.

The above substitute language will (1) retain language in current law that will continue to explicitly allow the Department to implement covered telehealth services when current regulations include provisions to the contrary, eliminating any potential ambiguity, and (2) continue to require cost effectiveness as one of the components for the development of rates under HUSKY Health, which is also necessary for the Department to continue to comply with

the federal requirement for Medicaid rates to be consistent with economy and efficiency under section 1902(a)(30)(A) of the Social Security Act.

#### **HB 6630 AN ACT CONCERNING HUSKY C ASSET AND INCOME LIMITS**

This bill requires the Commissioner of Social Services to increase the asset limits used to determine eligibility for HUSKY C from \$1,600 to \$10,000 for an unmarried person, and from \$2,400 to \$15,000 for married persons. This bill would also increase the HUSKY C income limit from its current level of 143% of the benefit amount in the Temporary Family Assistance program to 138% of the federal poverty level (FPL).

While the Department is generally supportive of the Committee's efforts to address the affordability of health care coverage and the overall goals, this expansion of Medicaid would require a significant amount of funding that is not contemplated in the Governor's budget. In addition to the substantial increase in program costs that would be required, the Department would also be required to hire additional staff to support the increased program enrollment that would result from these changes. Given the extensive costs involved and the fact that such costs are not included in the Governor's budget, the Department cannot support this bill at this time.

#### **HB 6854 AN ACT ESTABLISHING THE OFFICE OF THE FOOD ACCESS ADVOCATE AND TAX INCENTIVES FOR GROCERY STORES IN FOOD DESERTS.**

This bill would establish a Food Access Advocate position which would be located in the Department of Social Services for administrative purposes. DSS appreciates the intent of this bill and the desire to support our state residents in meeting their basic nutritional needs. DSS also believes that much of the work that the Food Access Advocate would be directed to do is already being performed by the agency and its partners statewide.

As examples of the work already being done, DSS notes that section 22-456 of the Connecticut general statutes establishes a Connecticut Food Policy Council within the Department of Agriculture that brings together members from six state agencies – the Department of Social Services, the Department of Agriculture, the Department of Administrative Services, the Department of Education, the Department of Transportation, and the Department of Public Health – as well as members from the food retailers and agricultural communities. The purpose of the Food Policy Council is to: (1) develop, coordinate and implement a food system policy linking local economic development, environmental protection and preservation with farming and urban issues; (2) review and comment on any proposed state legislation and regulations that would affect the food policy system of the state; (3) advise and provide information to the Governor on the state's food policy; and (4) prepare and submit to the joint standing committee of the General Assembly having cognizance of matters relating to the environment an annual report concerning its activities with any appropriate recommendations concerning food policy.

In addition, the Council maintains a website (<https://ctfoodpolicy.com/>) with a multitude of resources on accessing food benefits, the Connecticut food system, food policy groups, and food insecurity.

In addition to the activities of the Council, DSS also regularly partners with and provides support to other state agencies, community-based non-profits, private organizations, and other partners to identify ways in which we can better work together to serve Connecticut residents in matters of food insecurity and share information about the food insecurity programs that the Department administers.

An example of this work is the strong and successful partnership between DSS and the Department of Education in implementing the National School Lunch Program and School Breakfast Program Demonstration Projects to Evaluate Direct Certification with Medicaid. Initiated by the agencies in 2017, this partnership has facilitated the provision of free and reduced-price meals to tens of thousands of schoolchildren receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance, and HUSKY A. Our agencies further expanded upon this successful partnership to implement the Pandemic EBT program, which distributed nearly half a billion dollars in SNAP benefits to the families of schoolchildren throughout the state during the COVID-19 public health emergency.

In addition to partnering closely with sister state agencies, DSS currently maintains the SNAP Outreach program through a partnership with the Connecticut Association for Community Action (CAFCA) and its member community action agencies throughout the state. The SNAP Outreach program is focused on identifying and implementing initiatives and outreach campaigns to increase enrollment in the state's food insecurity programs.

DSS also often works with research organizations and universities such as Yale University, UConn, the University of North Carolina at Chapel Hill, the USDA, the Census Bureau, Mathematica Policy Research, Insight Policy Research, the Center on Budget and Policy Priorities, and others to review and study areas of food insecurity, food policy, and access to food in Connecticut. This work is conducted both directly by DSS and in partnership with other state agencies such as Connecticut State Colleges & Universities, and the Office of Early Childhood. In addition, DSS has identified, applied for, and been awarded grants with some of these organizations to further the collective work aimed at addressing food insecurity.

As much of this position's responsibility appears to be duplicative of current efforts and because layering another administrative office over DSS' current work would require unnecessary additional resources not proposed in the Governor's budget, the Department cannot support this bill.

#### **HB 6856 AN ACT CONCERNING THE 2-1-1 INFOLINE SYSTEM.**

This bill requires the Commissioner of Social Services, within available resources, to allocate sufficient funding to the 2-1-1 Infoline system operated by the United Way of Connecticut to provide additional staff to ensure support and referrals are provided to persons using the system twenty-four hours a day, seven days a week.

DSS recognizes the important role that our partners at United Way and the 2-1-1 Infoline play in serving the residents of this state. However, it is unclear what level of resources above current

funding levels would be necessary to meet the requirement of “sufficient funding.” Given that DSS does not currently have available resources to provide additional funding to 2-1-1 nor is additional funding included in the Governor’s budget, the Department cannot support this bill at this time.

#### **HB 6857 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE FOOD AS MEDICINE WORKING GROUP.**

Section 1 of this bill requires DSS to apply for a section 1115 waiver to create a pilot program providing Medicaid coverage for produce prescriptions for Medicaid members with certain health conditions and submit a report to the legislature on the program. DSS is hesitant to approach this issue from solely a medical position and prefers a more collaborative approach. Moving forward with an 1115 waiver would require two sources of funding, neither of which is included in the Governor’s budget. First, there is the administrative expense required to plan, apply for the waiver, and implement new services. In the two previous 1115 waivers that Connecticut has successfully applied for, DSS hired outside vendors to help; we anticipate a similar level of need here. Second, and more substantially, covering these additional services would require state resources. The Department appreciates the intent of this bill and recognizes that these interventions, if correctly targeted, have the potential to reduce state spending in the long-term, however, as written, this bill will result in additional costs that are not in the Governor’s budget. Therefore, the Department must oppose this section.

Section 2 of the bill requires DSS to convene a working group to develop recommendations to improve health outcomes for Medicaid enrollees with certain health conditions by treating food as medicine, including how best to integrate a medically tailored meal program for members with certain health conditions into the state’s Medicaid program. The Department does not believe that the working group is the most effective method of investigating the integration of medically tailored meals into the state’s medical assistance program. Currently the Department is experiencing significant demands on personnel and the administration of the working group would add to the existing challenges. The Department believes that it would be more advantageous for resources to be allocated to policy and fiscal analysis surrounding the implementation of medically tailored meals. This includes, but not is limited to, analysis of the scope of the population that would be best served (clinically and financially) with medically tailored meals, the cost of implementing the program, the projected return on investment, and creating partnerships with community-based organizations to operationalize the meal program were it to move forward. The Department welcomes the opportunity to collaborate with other agencies, Medicaid members, dietitian-nutritionists, academic leaders, and the legislature, but does not believe that the working group is the best way to foster this collaboration. These parties would be better served with meetings and working sessions on an as-needed basis. DSS looks forward to working with various stakeholders to continue conversations around this important topic.

Lastly, section 3 of the bill requires DSS to provide coverage for medical nutrition therapy provided by a dietitian-nutritionist. Currently, the services of a certified dietitian or nutritionist are available in federally qualified health centers and outpatient hospital settings when such services are prescribed by an enrolled physician, advanced practice registered nurse (APRN), or

physician assistant (PA). In the outpatient office setting, nutritional counseling services rendered by a physician, APRN or PA are covered as part of the overall evaluation and management service performed. The Department appreciates the intent of this bill and recognizes the clinical benefit that certified, registered dietitian-nutritionists provide. Poor nutrition impacts the health of Medicaid members with obesity and other chronic conditions (such as hypertension, gout, irritable bowel syndrome). While the Department is supportive in principle of the concept to cover medical nutrition therapy when provided by certified, registered dietitian-nutritionists, the Governor's proposed budget does not include funding for such an expansion. For this reason, the Department cannot support this section of the bill.