



**Governor Ned Lamont
State of Connecticut**



FACT SHEET
2024 Legislative Session

**HOUSE BILL 5053
AN ACT CONCERNING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HEALTH AND HUMAN SERVICES**

Summary of Proposal:

This bill makes the following changes:

Section 1. Transition Regional Emergency Medical Services Coordinators to Classified Service.

This section provides administrative authority for the Department of Administrative Services, in consultation with the Department of Public Health, to transition the regional emergency medical services coordinator and assistant regional emergency medical services coordinator positions into the classified service. Pursuant to statute, these positions have been unclassified and durational, which has resulted in retention and recruitment difficulties.

Sections 2 and 7. This section of the bill implements several provisions included in the Governor's budget related to HUSKY Health.

1. **Shift Coverage for Certain HUSKY A Adults to Covered CT.** Connecticut is the only state providing coverage to parents and relative caregivers with incomes over 138% of the federal poverty level (FPL)¹. By reducing eligibility for HUSKY A adults to the same level as that for low-income adults under HUSKY D (133% FPL plus a 5% income disregard), this bill aligns Connecticut's eligibility with those states that chose to expand Medicaid under the Affordable Care Act. Unlike most states, however, Connecticut's Covered CT program offers eligible individuals, who are over income for Medicaid but have income at or below 175% FPL, fully subsidized coverage – with no monthly premiums and no cost-sharing, as well as dental and non-emergency medical transportation services. This initiative strengthens Access Health CT, the state's health insurance exchange, through increased participation while also leveraging federal subsidies initially available under the Affordable Care Act, which were extended under the American Rescue Plan Act and subsequently expanded under the Inflation Reduction Act of 2022, sustaining coverage for those shifting from HUSKY A to Covered CT, and reducing costs to the state. Shifting to a qualified health plan under Access Health CT also provides individuals greater continuity of coverage as household income increases, minimizing benefit cliffs. There is no impact to coverage for pregnant women or children enrolled in HUSKY A. In addition, individuals with income from employment are eligible for twelve months of Medicaid coverage under Transitional Medical Assistance and thus will not lose Medicaid coverage in FY 2025; thereafter, they will have access to coverage under Covered CT, Access Health CT or their

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employer-sponsored insurance. Savings of \$2.1 million in FY 2025 (\$4.2 million after factoring in the federal share) and, when fully implemented, savings of \$33.1 million (\$66.2 million after factoring in the federal share), are anticipated.

2. Align HUSKY C Eligibility Expansion with Enacted Appropriations. The enacted budget added funding of \$8.5 million in FY 2025 (\$15.1 million after factoring in the Medicaid federal share) to increase income eligibility for HUSKY C to 105% FPL inclusive of applicable disregards effective October 1, 2024. The funding included in the enacted budget was based on increasing the effective eligibility threshold from 97% FPL (including the unearned income disregard) to 105% FPL (including the unearned income disregard). The language in Public Act 23-204, however, increases the income limit to 105% FPL *after* any authorized income disregards. This bill amends the language to ensure the expansion aligns with the budgeted amount by increasing eligibility from the current level (143% of the Temporary Family Assistance (TFA) payment standard) to 159% of the TFA payment standard. In the absence of this change, this expansion would have cost \$20.9 million in FY 2025 (\$38.6 million after factoring in the Medicaid federal share) and would have annualized at a cost of \$76.5 million (\$151.0 million after factoring in the Medicaid federal share), which is far higher than the \$15.7 million (\$30.6 million after factoring in the Medicaid federal share) under the enacted budget.

Sections 3 – 6. Update Reporting Requirements Regarding Services for Individuals with Intellectual or Developmental Disability or Autism Spectrum Disorder. These sections amend agency reporting requirements on services, and waitlists for such services, for individuals who have an intellectual or developmental disability and/or autism spectrum disorder. In addition, to streamlining reporting requirements, the bill updates the reporting requirements to reflect the Office of Policy and Management’s role in coordinating programs and services in these areas pursuant to Public Act 23-137. Specifically, it requires that the line agencies that operate these programs (i.e., the Departments of Social Services and Developmental Services) continue to report to the legislature but to do so after consulting with OPM.

Reason for Proposal:

Legislation is required to implement the Governor’s Budget.

Significant Impacts:

This bill will result in FY 2025 savings of \$2.1 million (\$4.2 million after factoring in the federal share) and cost avoidance of \$12.4 million (\$23.5 million after factoring in the Medicaid federal share). When fully annualized, it will result in savings of \$33.1 million (\$66.2 million after factoring in the federal share) and cost avoidance of \$60.8 million (\$120.3 million after factoring in the Medicaid federal share).

ⁱ <https://www.kff.org/medicaid/state-indicator/medicaid-income-eligibility-limits-for-parents/>