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GOVERNOR'S PROPOSAL WILL CAUSE 9,500 LOW-INCOME PARENTS TO LOSE COVERAGE UNDER HUSKY A

- The Governor's budget proposal would reduce HUSKY A eligibility for parents of low income children from 155% of the federal poverty level (FPL) to 138% of FPL, cutting off about 9,500 low income parents.

- The Governor's plan rests on the assumption that these individuals will buy insurance on the state's health insurance exchange (Access Health CT or AHCT). But given the debate at the federal level, the future of the Affordable Care Act (ACA) and Access Health CT is uncertain. Even with ACA subsidies on the state exchange, **insurance plans are largely unaffordable** for this low income group.

MOST OF THESE PARENTS WILL NOT BUY INSURANCE ON THE EXCHANGE

- When the State cut the **higher** income HUSKY A parents (between 155% and 201% of FPL) two years ago, the final result was that only about 3,100 of the 18,900 adults who were cut off, or about 16%, ended up getting and keeping insurance through AHCT. Many never purchased insurance, or dropped it because **they could not afford it.** See https://www.cga.ct.gov/med/council/2016/1209/20161209ATTACH_HUSKY%20A%20Transitions%20Presentation.pdf).

- Even fewer of the 9,500 parents being targeted by the Governor now for elimination of HUSKY A will be able to afford insurance on the exchange, because they have lower incomes than the low-income group cut off last time. A substantially higher percentage **will simply go uninsured.**

CHILDREN WILL GO WITHOUT MEDICAL CARE TOO

- When parents lose their Medicaid coverage, there is a very unfortunate unintended consequence. Studies show that many of their children who are still eligible for Medicaid coverage nevertheless lose coverage due to confusion about the new rules.

PRESERVE HUSKY A COVERAGE FOR LOW-INCOME FAMILIES

For more information, contact Sara Parker McKernan, at SparkerMcKernan@nhlegal.org or 203-232-2421, Kristen Noelle Hatcher, at KHatcher@connlegalservices.org or (860) 357-9308, or Geralynn McGee, at gmcgee@ghla.org or (860) 541-5033.

"Oral health for all"

COHI
Connecticut Oral Health Initiative

DO NOT IMPOSE A CAP ON DENTAL MEDICAID

The consequences of a $1000 cap on adult dental Medicaid:

- Would **cut off about 16,200 low-income adults from comprehensive dental care**, including parents, persons with disabilities, and seniors according to the Office of Fiscal Analysis.
  - Most are working but earning low wages, which would prohibit them from paying for services above the $1,000 cap.
- Could decrease access to care as a result of a lower number of dentists treating HUSKY adults.
  - The cap could result in dentists refusing to take any Medicaid patients because of the costly administrative burdens of keeping track of per-person-per-year claims and the need to request prior authorization if the cap is about to be exceeded.
  - For those dentists who continue to take Medicaid patients, the cap could result in them refusing to request, or not seeking prior authorization to provide, dental services that exceed the $1000 annual limit.
  - Dentists may refuse to treat patients with complex dental or medical needs altogether as it would be unethical to stop treatment because the cost has exceeded the $1,000 cap.
- Would increase the use of emergency departments by HUSKY adults for dental pain.
  - Research shows that when states reduce or eliminate adult dental benefits, preventive dental service use decreases, unmet dental care needs increase, and the costly use of emergency departments for dental problems increases.[3] Emergency Department visits can cost 3 – 10 times more than dental visits and often do not lead to treatment of the issue, only temporary relief of pain.
  - When dental services are not available in the hospital, antibiotics may be prescribed whether needed or not.[4] In addition, addictive opioids may be prescribed for pain.[5]
- Would lead to higher costs to the state.
  - Unfinished cases can get progressively worse, leading to infection, inflammation, possible loss of teeth which in turn would require more expensive dental and medical care.

If you must allow the cap on Dental Medicaid, COHI recommends the following amendment to HB 7040, which would amend Sec. 24. Subsection of section 17b-282c of the general statutes: (new language in blue)

"Payment for nonemergency dental services shall not exceed one thousand five hundred dollars per fiscal year for an individual adult, [~~subject to~~] provided that any dental services in excess of this amount shall be approved by the Department where medical necessity is met in accordance with the provisions of section 17b-259b, provided further that emergency dental services and denture-related services shall not be counted toward this annual limit [nor] and that emergency dental services shall not be subject to prior authorization [and provided that the annual limit not be applied to denture-related costs]."

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[1] https://www.cga.ct.gov/med/council/2016/1209/20161209ATTACH_HUSKY%20A%20Transitions%20Presentation.pdf).
[2] http://www.cthealth.org/publication/family-factors-increase-kids-dental-check-ups-and-health-equity/
[3] http://kff.org/medicaid/issue-brief/access-to-dental-care-in-medicaid-spotlight-on-nonelderly-adults/view/footnotes/#footnote-178966-17
[4] http://www.drbicuspid.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=320509.
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4245386/