

Testimony of

Deb Polun

Chief Strategy Officer

Community Health Center Association of Connecticut (CHC/ACT)

*Regarding the Human Services Provisions of Governor Lamont's Budget Proposal*

Appropriations Committee

February 18, 2026

Thank you for the opportunity to provide comments on the human services components of the governor's budget proposal.

On behalf of the Community Health Center Association of Connecticut (CHC/ACT), and its sixteen-member community health centers, I want to thank the Committee for its dedication to listening to Connecticut's residents about these important issues. Connecticut's community health centers serve more than 452,000 people each year – including over 262,000 HUSKY enrollees and 67,000 uninsured individuals – providing medical, behavioral health, dental, and some specialty care in hundreds of locations across the state.

Along with our health centers, CHC/ACT is deeply committed to providing access to high quality care for all people in Connecticut. To achieve that, we respectfully recommend the Committee consider the following:

***1) Facilitate the implementation of new requirements under HR 1, to streamline application processes***

HR 1 (aka "The One, Big Beautiful Bill Act") requires significant changes to Medicaid enrollment, including more frequent redeterminations and new work/community engagement reporting. Implementing these changes and avoiding errors and delays will require technology upgrades and staffing/process improvements at the Department of Social Services (DSS). CHC/ACT supports the governor's recommendation to add fifty new positions at DSS and \$3.3 million to strengthen capacity for outreach, eligibility reviews, and customer support. Similarly, CHC/ACT is pleased to see that DSS is planning and seeking a federal match for needed system upgrades.

Streamlining data sharing, aligning requirements across programs, and implementing automated verification systems would significantly reduce administrative burdens for DSS as well as for applicants and enrollees. We urge the legislature to support these improvements, including any statutory changes necessary to enable responsible and efficient data sharing.

**2) *Implement Medicaid reimbursement for Community Health Worker services to improve health outcomes***

Public Act 23-186 requires Connecticut to pay for Community Health Worker (CHW) services to Medicaid enrollees. The passage of this legislation represented a fundamental commitment to the health of Connecticut's individuals, families, and communities.

Yet, three years later, DSS has not implemented this requirement through the filing of a State Plan Amendment. Moreover, funding has not been provided in the state budget to date.

At our health centers, CHWs go by many titles, including care coordinator, patient navigator, case manager, outreach specialist, and health educator. Some connect uninsured people with available health coverage through HUSKY, Covered CT, and Access Health CT, improving their access to care. Others provide patient education, bridging the gap between patient and health care provider, and even work to coordinate care across multiple providers, offering support on everything from medication management to follow-up exam scheduling. They are essential components to our health care system, speaking the language of our patients, and helping them understand and navigate their own health care needs, appointments, and insurance, while improving their health outcomes.

As the requirements for HUSKY coverage shift in the next year due to the passage of HR 1 – for example, requiring enrollments twice annually instead of once and requiring proof of “community engagement” – CHW services will become even more crucial. CHWs will be needed to help community members understand and meet the new requirements.

Across the health and social services delivery systems, CHWs are typically grant-funded, with perennially uncertain funding. Research shows that CHWs provide a strong return on investment – with savings of up to \$4 for every \$1 invested – and improve health outcomes.

Thirty other states reimburse for CHW services. And Connecticut law requires it – yet it still remains unfunded.

It is time to fully implement these services and payment through Medicaid. CHC/ACT and others are requesting \$2M in state funds be added to the budget to support the full implementation of Public Act 23-186 and ongoing reimbursement through Medicaid.

**3) *Provide funding for planning and infrastructure support to ensure all uninsured and underinsured people can access health care.***

With so many changes happening on the federal level – including HR 1, executive orders impacting the type of health care that can be provided and to whom, and agency guidances – CHC/ACT is concerned about continued access to health care for people across our state. While several executive orders are tied up in court and have not been implemented, uncertainty continues to plague health centers and other health care providers, as well as some of our most vulnerable communities. In the past year, many of our patients have declined to enroll in coverage for fear of providing personal information to the government; many have asked to switch appointments to telehealth, and still others have cancelled appointments entirely.

Connecticut should commit to providing primary and urgent health care access to all people in our state. This will require an allocation of state dollars for planning access points for individuals who may not be able to access (or may not be comfortable accessing) existing locations.

Thank you for your consideration and your hard work on behalf of our great state. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.