

Testimony of

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In Support of:

Senate Bill 3: An Act Concerning Health Care Affordability

Human Services Committee

March 17, 2026

Thank you to the Human Services Committee for raising this bill and allowing us the opportunity to provide comments in support.

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.

CHC/ACT supports this bill and its efforts to expand affordable health coverage options in Connecticut, including the establishment of a basic health program and additional initiatives designed to reduce health insurance costs for residents. Additionally, CHC/ACT supports provisions to implement HR 1 in a way that facilitates individuals maintaining Medicaid coverage.

Expansion of coverage options

Expanding access to affordable health coverage is critical for improving health outcomes. Research consistently shows that people without health insurance are less likely to receive preventative care and more likely to experience worse health outcomes than those with coverage. When individuals have health insurance, they are more likely to receive routine checkups, screenings, and early treatment for health conditions. This care not only keeps them healthy, but it also reduces expensive emergency room visits and hospitalizations.

At the same time, our health insurance system has become increasingly complex and expensive for many residents to navigate. Even in a state with high coverage rates, many families still struggle with rising premiums, deductibles, and out-of-pocket costs. As a result, individuals whose incomes are between 133% and 200% of the federal poverty level often face significant barriers to accessing affordable insurance. Fortunately, Connecticut has the capacity and

infrastructure to create solutions that address these gaps, helping to ensure that residents who currently fall into coverage gaps can receive sustainable health coverage.

As you consider these initiatives, it is also important to ensure that community health centers are included in the networks for all of these plans, as we provide integrated, high-quality care and are everywhere across the state.

Implementation of HR 1

CHC/ACT appreciates the Committee's attention to how our state will implement the many changes in HR 1 that impact HUSKY enrollees. CHC/ACT is participating in many conversations with our peers in other states around these issues, all sharing information and ideas to help people maintain enrollment and access to health care.

We are focusing additional efforts on creating clear communications for Medicaid enrollees regarding these changes (as well as simple communications to those who are exempt that will say "You do not have to worry about any of these changes").

Specific to the relevant sections of this bill, CHC/ACT has the following recommendations:

- Sections 12 & 15: Add the Department of Corrections (DOC) to the Safety Net Mitigation Working Group and to the list of data-sharing agencies. Individuals recently released from prison are exempt from community engagement requirements. Having the information shared from DOC to DSS would facilitate reintegration and ready access to health care for those released.
- Sections 13 & 16: The definition of "medical frailty" will be critical to helping individuals remain enrolled in Medicaid. CHC/ACT is working with partners across the country on a letter to CMS in advance of the release of their guidance that asks for a broad definition. This definition could include individuals with two or more chronic diseases, including diabetes, hypertension, heart disease, depression, anxiety, and/or other behavioral health conditions. Information about these conditions often can be obtained through coding and/or through prescriptions; self-attestation should also be acceptable. CHC/ACT also recommends considering in the definition what would happen to the individual if he/she lost Medicaid – are they currently able to work but would be unable to do so once uninsured?

However - while CHC/ACT is hopeful that DSS will have many conversations with stakeholders in the next several weeks, we do not recommend that DSS finalize this definition until the federal guidance is released.

Thank you for your consideration and your hard work on behalf of our great state. Please feel free to reach out with any questions and/or to work together on these ideas: dpolun@chcact.org or 860.667.7820.