March 30, 2020

By E-mail
Honorable Ned Lamont
Governor
State of Connecticut
210 Capitol Avenue
Hartford, CT 06106

Re: Recommendations to Address Urgent COVID-19-Related Health Care Needs

Dear Governor Lamont:

We are grateful for everything you and your commissioners are doing to slow the spread of the coronavirus and provide relief to residents of our state. We look forward to continuing to work with Commissioner Gifford regarding the other suggestions in our March 18th letter, to the extent not already adopted. Health care access is a basic human need and the loss of it, especially during a pandemic, can lead to many preventable devastating consequences, so we write with a set of suggestions to further that access.

As you are acutely aware, tens of thousands of Connecticut residents have lost their jobs in recent weeks due to the shuttering of businesses necessary to contain the virus. The loss of employment has hit low and moderate wage service and delivery workers the hardest. As they lose their jobs, many are separated from their employer-provided health insurance coverage at a time when health care coverage is most needed. COBRA coverage is not possible for those without a paycheck or savings, assuming they even have received notice of this theoretical option. The newly unemployed will be seeking Medicaid and private health insurance through the shared Access Health CT(AHCT)/DSS system. They will be joining the ranks of the previously uninsured, for whom enrollment has been reopened, and the large numbers of individuals currently receiving insurance on the Exchange who will soon be unable to continue paying their premiums due to the loss of their jobs.

Since so many of the newly unemployed/uninsured now will be applying through AHCT, we are very concerned the volume alone could result in gaps in coverage. Application problems have to be handled either through the AHCT call center or manually by DSS. The AHCT call center is likely to be overwhelmed, while DSS, to which anomalies generally are escalated for resolution, is unlikely to be able to timely help people who fall through the cracks. The resulting gaps in coverage will cause delays in treatment for emergent and chronic conditions, resulting in more expensive care, and potentially will cause people to go without timely and appropriate treatment for the virus and other emergent and chronic conditions, threatening our public health.
We urge you to do everything in your power to keep people on their existing health plans, including subsidized insurance. We appreciate that you have asked health insurers over which you have oversight to voluntarily keep people on their plans regardless of premium payment for the next 60 days. If voluntary compliance is not promptly achieved, we ask that you elevate your request and make it a mandate, until the emergency is over. Keeping people on the same insurance during the emergency, even if they are now newly eligible for Medicaid or exchange coverage, will also avoid the need for individuals to select different providers at a time when access to care is needed the most. We also ask that you urge employers who provide self-funded health insurance to their employees to continue to do so for workers they terminate as a result of the COVID-19 outbreak for at least 90 days.

This is particularly important for immigrants who were working and receiving health insurance as a job benefit. Many of these workers are within the newly unemployed, and they likely will have no access to alternative insurance because they are not eligible for HUSKY and cannot afford private insurance.

However, even with a voluntary or mandated ban on the termination of commercial health plans, there will still be a need to cover the costs of treatment for those who don’t currently have or, in the case of undocumented persons, can’t get health insurance. We urge the following additional steps – several but not all of which are in our March 18, 2020 letter to the Commissioner of Social Services -- to protect not only Connecticut’s low wage workers and other vulnerable residents, but to keep all our state residents as healthy as possible during an unprecedented public health crisis:

- **Streamline the process for applying for Medicaid** as outlined in our letter of March 18, 2020 attached hereto. These recommendations included the use of a streamlined application form, waiver of verification requirements, putting individuals on temporarily even if not eligible due to immigration status, and presumptive eligibility.

- **Waive premiums for folks on HUSKY B** for the duration of the emergency to eliminate the need for them to seek other HUSKY coverage at this time.

- **Ensure, through public service announcements and other social media means, that people applying for HUSKY are aware of the 3 month retroactive coverage** so that they are not dissuaded from seeking appropriate care for COVID-19 symptoms while their applications are being considered.

- We urge you to reimburse Medicaid providers who see an uninsured patient at Medicaid rates for all services even if the person is not ultimately placed on Medicaid retroactively for the period of service, and advise all providers of this option so that they will not be dissuaded from providing care due to reimbursement concerns.

- These providers also should be told that state payment will be made for uninsured persons regardless of immigration status, even if they are undocumented and therefore do not apply for coverage through AHCT or DSS. Immigrant communities in Queens, New York are among the hardest hit by the spread of the virus at the current time. We can expect the same to be true in Connecticut. It is critical to our ability to contain this virus that immigrant communities and providers alike, know that they can seek treatment, and receive payment for treatment, regardless of their immigration status and free of any fear of being reported to federal authorities.
• **Extend the Special Enrollment Period** at Access Health by at least another two weeks to maximize access to health coverage for everyone.

We recognize we are asking a lot and that these requests may cause the state to incur significant costs during the emergency. However, in these extraordinary times, the need cannot wait. Given the U.S. Department of Health and Human Services’ willingness to process 1135 waivers during this emergency, we believe that the state should be eligible for at least some federal reimbursement for implementing these provisions. The fact that Congress has already stepped in to bar any state accepting enhanced federal Medicaid match from terminating anyone from Medicaid (except in the event they move out of state) during the emergency should support federal reimbursement for some, if not all, of these requested actions. We would be happy to work with you to request that the federal government promptly approve any waiver requests or other requests for federal funding.

Thank you for all that you have done for our state and for its residents. We hope you will consider these additional proposals.

Respectfully yours,

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