

March 3, 2021

**TESTIMONY OF THE CENTER FOR MEDICARE ADVOCACY  
APPROPRIATIONS COMMITTEE HUMAN SERVICES SUBCOMMITTEE  
REGARDING THE STATE BUDGET FOR THE BIENNIUM – HB-6439  
(Department of Aging and Disability Services  
Department of Social Services)**

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**1. Introduction**

Honorable Co-Chairs and Members of the Committee, thank you for the opportunity to provide this testimony. I am Judith Stein, founder and executive director of the Center for Medicare Advocacy (the Center). The Center is a non-profit, non-partisan law organization that works to advance access to Medicare, health equity, and quality health care for older people and people with disabilities.

I am here to speak to the State Budget for the Biennium, particularly as it relates to human services, the Department of Aging and Disability Services and the Department of Social Services. Among other things, **we urge you to protect and fully fund the Center for Medicare Advocacy and other nonprofit organizations that work tirelessly and cost-effectively to improve the quality of life for Connecticut residents. We also urge you to retain the current eligibility standards for the Medicare Savings Program.**

**2. Center for Medicare Advocacy**

For 35 years, the Center for Medicare Advocacy has provided free legal assistance for Connecticut's older people, people with disabilities, and their families. We also offer outreach, education, and technical support for the CHOICES program, as well as federal health care policy analysis, engagement, and litigation on behalf of all Connecticut's Medicare beneficiaries. During this time the Center has also represented the Department of Social Services, the state Medicaid agency, to appeal Medicare denials for care provided to residents dually eligible for Medicare and Medicaid – largely for home health and nursing home care – to ensure costs are not inappropriately shifted from Medicare to Medicaid.

We understand that Connecticut residents have lived an historically difficult year, and appreciate that Governor Lamont's budget seeks to limit the impact on people served by my, and other, nonprofit organizations. **Nonetheless, after so many years of difficult budgets, we ask you to build on the Governor's proposals so that those who serve Connecticut's vulnerable older, disabled, and young people can continue to provide greatly needed, quality services – and stop cuttings jobs.**

**3. The Department of Aging and Disability Services (ADS)**

The Center for Medicare Advocacy is authorized by Connecticut General Statute 17a-314 to provide a comprehensive Medicare advocacy program that provides free assistance to Connecticut residents who are Medicare beneficiaries.

We provide free, holistic legal assistance on behalf of Connecticut residents who rely on Medicare to finance their health care. In addition, we host our newly relaunched website, visited by 10,380 CT individuals in 2020. Also in 2020, we provided dozens of webinars and presented education programs for approximately 7,400 people throughout the state. We wrote and disseminated additional education materials, including materials about the Medicare Saving Programs and a 2021 Summary of Medicare – in both English and Spanish.

The Center’s work is increasingly important as the state’s population is aging and more and more residents rely on Medicare to access health care. At the same time, the Center and other Connecticut organizations that serve this population have diminished shared resources and networking possibilities, especially since the demise of the state’s Commission on Aging.

From 2008 through 2019, the Center for Medicare Advocacy experienced almost annual cuts to our funding. **A decade ago, our funding for advocacy and education work, now administered by Aging and Disability Services (ADS) was \$455,348 a year. In 2020/21 The Centre’s contract for this work is \$285,435.**

Due to these on-going funding cuts the Center lost nine staff positions. We did our best to continue providing topnotch services for the State and its residents, but our capabilities were necessarily constrained. As a result, we successfully sought funding from the legislature in 2019, which was included in the current Biennium Budget at \$300,000 per budget year.<sup>1</sup>

Pursuant to the Governor’s 2019-2021 Proposed Budget, the Center received \$150,000 in FY 2019/20, and is budgeted to receive \$300,000 in FY 2020/21.

**Highlights of the Center’s Accomplishments Achieved  
with this Additional Funding Include:**

- Savings in Medicare out-of-pocket costs for CT residents increased 115%
- Medicare Savings Program inquiries to the Center increased 96%
- CT residents attending the Center’s presentations and webinars increased 64%
- CT resident visits to the Center’s website increased 41%
- Total number of CT resident call/email contacts, website visits, and presentation attendance increased 35%
- Savings obtained for CT residents from legal assistance: \$391,966
- Served a total of 18,162 CT residents in CY 2020 through assistance, outreach, education, and advocacy.

**We ask the legislature to fully-fund this appropriation for the Center for Medicare Advocacy, at \$300,000 for each of the next two fiscal years, as proposed in the Governor’s budget. This will allow the Center to provide innovative, effective assistance that responds to the quickly changing needs and policies facing Medicare and health care.**

**In particular, continued funding will allow the Center to continue to focus on vulnerable Medicare beneficiaries, including those who qualify for Medicare Savings Programs and/or have longer-term or chronic conditions.** The Center is committed to providing effective, innovative education and advocacy in order to open doors to Medicare and necessary, quality health care. We are eager to bring more value to Connecticut residents with renewed funding during this time of public health emergency and beyond.

#### 4. Support for the Current Eligibility Structure of the Medicare Savings Program

As has become clear, the Medicare Savings Program, (MSP) is an extremely valuable safety net program for older adults and people with disabilities. MSP pays all or some of the Medicare cost-sharing for low-income people who do not qualify for full Medicaid coverage. The outcry after last year's asset test was announced was thankfully heard and responded to by the legislature. It demonstrated the importance of this program to families throughout the State.

Unfortunately, the Governor's budget once again proposes an asset test for MSP eligibility. This will leave too many people unable to afford access to care. Importantly, enrollment in the major MSP program, known as the Qualified Medicare Beneficiary (QMB) program, also qualifies an individual for the federal subsidy to help cover the costs of prescription drugs under Medicare Part D. Thus, this budget proposal would also result in low-income older and disabled people facing barriers to obtaining needed medicines as well as health care. If there must be an asset test, we urge adoption of a much higher dollar-level.

- The three Medicare Savings Programs are a lifeline for lower income elderly and disabled individuals who cannot afford the premiums and other cost-sharing under Medicare, but have incomes too high to qualify for Medicaid. Currently, there is no asset test for any of these programs. Thus, there is no need, at annual redetermination, for the individual to obtain and submit, and for DSS workers to laboriously review, detailed information and documentation about bank accounts, cars, etc.
- While the proposed asset limit, \$15,720 for individuals and \$23,600 for couples, may align with what other states require, it has proven to be untenable in Connecticut. Indeed, the same test was passed and rescinded by the Legislature after a significant public uproar.
- The asset test would place an administrative burden on the already burdened Department of Social Services in order to ascertain initial and annual eligibility for the Medicare Savings Programs and will reduce applications for this important benefit by qualified citizens. The relatively small potential savings are not worth these risks.
- Older and disabled individuals, the only people eligible for MSP, have the least facility with using electronic systems, so they have to resort to the various call centers for banks, etc. Getting such documentation was already a serious problem even before the pandemic;; it is more difficult now.
- Some clients who have no one to help them with these tasks just give up and never obtain, or re-obtain, benefits for which they qualify.
- There is an increasing recognition of the very high administrative costs of applying any asset tests, which in the end do not officially disqualify that many individuals but **do** effectively result in denied benefits for eligible individuals because of administrative obstacles. Thus, as has been proven in the past, it is unwise to impose an MSP asset test, with its attendant, substantial disruption to already burdened processing at the agency.

## 5. Conclusion

The Center for Medicare Advocacy urges the legislature to fully-fund the Center for Medicare Advocacy, the Department of Aging and Disability Services, the Department of Social Services, the non-profit organizations and important programs these agencies administer, and the Medicare Savings Program.

**In particular, we hope the Center for Medicare Advocacy will be seen, and funded, as a key partner with the State, it's older and disabled citizens, and families. Together, we help Connecticut stay healthy and lead efforts to ensure Medicare meets its promise to all eligible older and disabled people – and does not inappropriately shift costs to Connecticut's families or Medicaid program.**

Thank you for the opportunity to submit this testimony.



Judith Stein  
Executive Director / Attorney  
Center for Medicare Advocacy

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<sup>1</sup> The Center for Medicare Advocacy actually only received \$150,000 of the \$300,000 in FY 2019/20.