



**Testimony Regarding HB 5032: An Act Adjusting The State Budget For The Biennium
Ending June 30, 2027**

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Appropriations Committee
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Dear Senator Osten, Representative Walker, Senator Lesser, Representative Gilchrest, and esteemed members of the Appropriations Committee, thank you for the opportunity to submit testimony regarding *HB 5032: An Act Adjusting The State Budget For The Biennium Ending June 30, 2027* on behalf of the [Health Disparities Institute \(HDI\)](#) at UConn Health.

Formed in 2011 through Connecticut General Statutes Sections 10a-109b, HDI has a legislative mandate to enhance the delivery of care to minority and medically underserved populations of the state. To realize our charge, we aim to advance systemic change by tackling root causes of health inequities and implementing sustainable solutions through interdisciplinary community-based participatory research partnerships, data-driven community action, and workforce development efforts with communities disproportionately impacted by inequities. Our vision is equitable health, education, and economic opportunity for all in Connecticut.

HDI brings expertise in public health, health equity, and participatory approaches in research and education. We work across the state of CT to identify community needs and priorities that will promote health equity. Healthcare access and affordability have come up repeatedly as a top concern among CT residents. Health equity necessitates that all residents have access to affordable healthcare.

Using our expertise and what we have learned in our work with community members, we endorse three policy recommendations that will advance health equity in our state:

- Fund Medicaid reimbursement of Community Health Workers (CHWs) required by statute.
- Protect HUSKY eligibility for all income-eligible Connecticut residents, regardless of immigration status.
- Consider alternative health insurance coverage options, including a Basic Health Program, to safeguard residents' healthcare.

Below we have outlined further details and evidence for each recommendation.

Fund Medicaid reimbursement of CHWs required by statute

[Community Health Workers \(CHWs\) play a critical role in addressing the root cause of health inequities that pose significant barriers to care.](#) CHWs bridge the health care system and the community to ensure providers have relevant contextual information and patients have needed health information and resources. CHWs improve patient outcomes by enhancing trust, increasing medication adherence, reducing emergency room visits, and providing culturally tailored support.

In 2023, the Connecticut legislature passed Public Act No. 23-186 requiring Medicaid reimbursement for Community Health Workers (CHWs), recognizing the [essential role CHWs play in improving health outcomes](#), advancing equity, and preventing costly health crises. Yet this policy has not been fully implemented. Across the country, 30 states already reimburse CHWs through Medicaid, and we urge Connecticut to join their ranks.

In HDI's work to identify community priorities and solutions to promote health equity, the need for Medicaid reimbursement funding for CHWs has been a common theme. In 2024, the Commission on Racial Equity in Public Health contracted with the Health Disparities Institute to conduct a statewide community-based participatory assessment and develop a [strategic plan](#) to eliminate racial and ethnic health inequities. The assessment found that one key community priority is improving health and wellbeing by making healthcare more affordable and reducing medical debt. To this end, community members emphasized the need to increase Medicaid/HUSKY reimbursement rates to reflect the true cost of primary, mental health, and oral health care, and highlighted the critical role of CHWs, doulas, and patient navigators. These healthcare providers often reflect the communities they serve and are uniquely positioned to address the impacts of racism and social inequities in health.

We respectfully urge the Appropriations Committee to fund the implementation of Medicaid reimbursement for CHWs.

Protect HUSKY eligibility for all income-eligible Connecticut residents

This year, HDI organized focus groups with Spanish-speaking Hartford residents to better understand their experiences accessing healthcare services. Participants consistently identified two primary barriers: linguistic challenges and lack of insurance coverage. Many also described being discriminated against because of their insurance status. As a result,

participants reported delays in care and limited access to preventive and specialty services. Over time, these barriers compound, driving greater reliance on emergency departments for care that could have been addressed earlier through consistent coverage and access.

Since 2021, Connecticut has been making meaningful progress in expanding the HUSKY program to undocumented children ages 0-15 and to undocumented pregnant and postpartum individuals. It is imperative that we preserve what has been gained. These policies have already demonstrated their importance by improving healthcare access and healthcare outcomes in families across Connecticut.

At the same time, federal actions such as H.R. 1 have further restricted coverage options for “lawfully present” immigrants and citizens, placing 186,000 Connecticut residents at risk of losing coverage—including individuals with asylum or refugee status, green card holders, and even citizens. Access to care was already challenging before these federal cuts; now it is an escalating crisis. Connecticut has the resources and the responsibility to protect the health of all its residents. HUSKY is a cornerstone of our healthcare safety net, and the state-funded HUSKY program has been a lifeline for many.

We urge the state to preserve health insurance coverage for income-eligible immigrants who are losing access to coverage solely because of their immigration status.

Consider alternative coverage options to safeguard residents’ healthcare

As outlined above, due to federal shifts and H.R.1 implications, CT residents will lose coverage and will be forced to choose between paying for healthcare or other basic needs. We are grateful to the state for its commitment to provide a partial, one-year subsidy to help protect some residents from high premium increases. However, more than ever CT residents need to know that the legislature is committed to investing in long-term solutions to maintain and improve affordable healthcare for all throughout the state.

We urge the committee to prioritize sustained investments that reduce out-of-pocket costs, lower premiums, and expand affordable coverage options for Connecticut residents. One promising strategy is for the state to establish a [Basic Health Program \(BHP\)](#) under Section 1331 of the Patient Protection and Affordable Care Act. A BHP offers an alternative coverage pathway for individuals who would otherwise qualify for Marketplace subsidies and have incomes below 200 percent of the federal poverty level (FPL), approximately \$60,000 annually for a family of four in 2024. Under federal law, states operating a BHP receive federal funding equal to 95 percent of the premium tax credits and cost-sharing

reductions that eligible individuals would have received if enrolled in a Qualified Health Plan (QHP) through the Marketplace.

Evidence from states that have implemented BHPs, such as New York and Minnesota, demonstrate these programs can [provide more affordable coverage with lower premiums and cost-sharing](#) than Marketplace plans, while maintaining comprehensive benefits. By leveraging federal funding and designing a program tailored to residents with low and moderate incomes, Connecticut could strengthen affordability, reduce coverage gaps, and improve continuity of care for thousands of residents.

We join other healthcare advocates in strongly encouraging the state to study the feasibility of a Basic Health Program as a replacement for Covered CT.

Thank you for the opportunity to submit this testimony regarding H.B. 5032: An Act Adjusting the State Budget For The Biennium Ending June 30, 2027. We can be reached with any questions at spraguemartinez@uchc.edu.