Human Services Committee
JOINT FAVORABLE REPORT

Bill No: HB-5559 / Bill Status / Public Hearing Testimony
Title: AN ACT CONCERNING A BASIC HEALTH PROGRAM.
Vote Date: 3/19/2026
Vote Action: Joint Favorable
PH Date: 3/17/2026
File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This legislation seeks to create a Basic Health Program under the Affordable Care Act. The legislature hopes that this legislation would expand affordable healthcare options to residents of the state in concert with other federal healthcare programs.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services, Andrea Barton Reeves, Commissioner submitted testimony in opposition to this legislation stating that while the bill has laudable aims to reduce the uninsured rate, the bill's timeframe and process are overly rushed and predetermined. Commissioner Barton Reeves expressed that a Basic Health Program is a complex federal healthcare option that needs thorough analysis before proceeding. She advises if proponents of the legislation wish to proceed in some manner, it would only be possible first through a feasibility study, which the Department could accomplish only with sufficient time and specific funding, as the Department does not currently have the resources to perform such a study. Commissioner Barton Reeves expressed for implementation, it would require a detailed federal approval process that would need to consider the impact on Medicaid and other related healthcare programs. She emphasized that while the goals of this bill to increase health care coverage are laudable, it is premature, operationally burdensome, and potentially costly to require the Department to immediately implement a Basic Health Program.

State of Connecticut Office of the Healthcare Advocate, Kathleen Holt, Healthcare Advocate submitted testimony in support of this legislation pointing out that U.S. healthcare spending per capita is twice the average of other affluent countries, but health outcomes in areas like

life expectancy, infant mortality, and chronic disease management, are comparatively worse than any other wealthy nation. Advocate Holt shared that using various regulatory tools to address provider prices, the public option programs in those states found some measures of success with respect to enrollments, provider participation and premium affordability. She noted that public option plans are not the silver bullet reforms that will solve all of the state's health care access and affordability concerns, but if there is a carefully implemented public option, that would be an important step in the right direction for the state. Kathleen expressed that a Basic Health Program would offer an important safety net option for residents of modest means who earn just 133-200% of the federal poverty level. She shared that these plans would allow eligible residents to obtain comprehensive healthcare coverage with very low premiums and cost-sharing using substantial federal subsidies that are intended to support such basic health programs.

NATURE AND SOURCES OF SUPPORT:

SDO, Martin Looney, President Pro Tempore submitted testimony in support of this legislation noting he is appreciative of the committee's bill to expand health coverage for the state's residents and looks forward to working with the committee to create the best possible coverage model.

Alexander Cruz submitted testimony in support of this legislation sharing personal stories of his and his family's experiences as Husky recipients and struggles with affordability and upward mobility.

Four Root Farm, Elise Cusano, Owner submitted testimony in support of this legislation noting that many farmers like her rely on the individual health insurance marketplace, and rising premiums or loss of federal support would create significant financial strain. Elise shared that some farmers are forced to farm part time just so they can ensure their families have access to healthcare, which artificially constrains the amount Connecticut farmers can produce. She pointed out that access to affordable coverage has been a key factor in sustaining and growing her business. She expressed that a near doubling in her premium this year has created significant financial pressure, requiring her to seek part-time off-farm employment to maintain financial stability, as without reliable access to affordable healthcare, it is increasingly difficult for small farms like hers to remain viable.

Connecticut Citizen Action Group, Liz Diehl, Associate Director submitted testimony in support expressing that one third of all Americans have cut their spending or borrowed money to pay for healthcare. Liz emphasized that addressing this core need for affordable coverage with this bill is essential.

Timothy Gabriele submitted testimony sharing that many who cannot afford health coverage often skip appointments, ration medication, refuse to seek treatment, and suffer adverse health outcomes, including death, because of the cost of healthcare in the country. Tim stated that the state needs to do everything within its power to expand not only access to healthcare but paid coverage when possible. He emphasized that access means nothing if the bill makes someone avoid their doctor and the state needs to step up with the measures of this legislation and SB 3.

Britt Garth submitted testimony in support of this legislation pointing out that many farmers rely on the individual health insurance marketplace to gain access to healthcare, and rising premiums or loss of federal support would create significant financial strain. Britt shared that others are forced to farm part-time just so they can ensure their families have access to healthcare, which limits the amount Connecticut farmers can produce. They expressed that they work alongside others who often had to come to work with injuries or illness because they could not afford not to. Britt said that all of these workers had to hold multiple jobs just to make ends meet every month, and the cost of health insurance was always a concern. Britt emphasized that local farmers provide for us with health food they grow for our communities, and it is our turn to provide for them.

Connecticut AFL-CIO, Ed Hawthorne, President submitted testimony in support of this legislation emphasizing that the rising cost of premiums and out-of-pocket expenses has made it increasingly difficult for many families to maintain health coverage or seek care when needed. Ed stated that many residents have faced skyrocketing premiums as H.R. 1 eliminated federal premium supports, which placed additional burdens on middle- and working-class households. Ed expressed that when people can access preventive care, mental health services, and necessary treatment without fear of financial hardship, communities become healthier and our health system becomes more sustainable. He emphasized that this legislation would keep people insured, protect families from devastating medical costs, and support a healthier and more equitable healthcare system for everyone in the state.

CitySeed, Kaitlyn Kimball, Director of Agriculture submitted testimony in support of this legislation expressing that affordable healthcare programs are essential to the viability of farms and rural communities, with many famers in her network relying on the individual health insurance marketplace. She shared that she has heard from most of her farmers that a rise in premiums this year created a significant financial strain on farm owners, with some families seeing premium of more than one thousand dollars a month. She expressed that farmers are forced to decide to limit the growth of their business and profits or find off-farm work to secure health benefits, which artificially constrains the amount Connecticut farmers can produce. She stated that in addition to working at CitySeed, she is also a famer who co-owns Sunset Farm with her husband in both Naugatuck and Milford. She emphasized that on her modest farm income, they are paying more than six hundred dollars per month for healthcare premiums, which equals works compensation, auto insurance, and general liability insurance. She shared that they are not able to offer an affordable healthcare plan to any full-time employees, which makes it hard to retain valuable works and offer competitive benefits. She expressed that access to affordable health insurance would increase their farm's profits by about 5% and allow them to retain employees more easily from year to year.

MBraces, Pradipta Mazumder, Orthodontist submitted testimony in support of this legislation emphasizing that Medicaid needs to increase the reimbursement rate, as we are going through financial hardships due to increased costs, expenditures, and inflation.

Insulin4All CT, Campbell Mitchell, Chapter Lead submitted testimony in support of this legislation expressing that one in three Americans has diabetes or pre-diabetes and without intervention, they will need treatment at some point in the future. Campbell pointed out that diabetes results in forty hospitalizations a minute, and one death every five minutes. Campbell emphasized that each hospitalization represents tens to hundreds of thousands of

dollars in medical costs which are borne not only by the individual patient and their family, but also by businesses and communities in terms of healthcare costs and lost labor productivity. Campbell noted that when patients are unable to pay, hospitals and taxpayers absorb the costs. Campbell stated that the cost of preventive care is a small fraction of a single hospitalization, but despite efforts in the state, remain prohibitively expensive to many patients without insurance.

Indivisible SECT, Jeanne Pinzon submitted testimony in support of this legislation sharing that it offers the promise of direct and quick relief from high healthcare costs and medical debt without compromising on quality. Jeanne stated that this proposal goes beyond health insurance premiums and creates true solutions to affordability.

Community Health Center Association of Connecticut, Deb Polun, Chief Strategy Officer submitted testimony in support of this legislation expressing that expanding access to affordable health coverage is critical for improving health outcomes. Deb stated when individuals have health insurance, they are more likely to receive routine checkups, screenings, and early treatment for health conditions, which keeps them healthy and reduces expensive emergency room visits and hospitalizations. She pointed out that even in a state with high coverage rates, many families struggle with rising premiums, deductibles, and out-of-pocket costs. Deb shared that the state has the capacity and infrastructure to create solutions that address gaps for individuals with incomes between 133-200% of the federal poverty level to ensure that residents who currently fall into coverage gaps receive sustainable health coverage. Deb expressed that it is also important to ensure that community health centers are included in the networks for all the plans, as they provide integrated, high-quality care in hundreds of locations across the state.

CT Community Nonprofit Alliance, Ben Shaiken Director of Public Policy and Advocacy submitted testimony in support of this legislation expressing the cost of health insurance for nonprofits has continued to increase significantly, with many members of the Alliance reporting larger than normal increases to the costs of health insurance for employees. He stated that nonprofit funding, which often comes from state government has never increased in proportion to rising costs, which alters their ability to pay competitive wages, offer excellent insurance benefits, and recruit employees. Ben shared that clinical staff with advanced degrees are leaving the nonprofit field and joining fields where they will be paid higher salaries for work that is the same or less demanding, often with better health insurance than what is available to nonprofits. The Alliance recommends that the public options be optional, as nonprofits should not be forced into buying any health insurance plan and suggests for nonprofits that contract with the state to provide services, the state should adjust current contracts to include all costs associated with the proposed insurance, which could potentially be more expensive than their current plan. Ben emphasized that nonprofits see firsthand the struggles that people have accessing quality health insurance.

Rebecca Toms submitted testimony in support of this legislation noting that as a small business owner, affordable healthcare programs are essential to the viability of farms and rural communities. She shared that many farmers rely on the individual health insurance marketplace, and rising premiums or loss of federal support would create significant financial strain. She added that others are forced to farm part time so they can ensure their families have access to healthcare, which artificially constrains the amount Connecticut farmers can

produce. She stated that she has personally experienced being uninsured or underinsured and managed her health issues because she could not afford care.

The following submitted testimony in support of this legislation sharing that a Basic Health Program is an option provision under Section 1331 of the Affordable Care Act. They stated that rather than having individuals purchase subsidized plans through a health insurance marketplace, the federal government provides states with 95% of the subsidy amount, in exchange the state operates the program directly. They noted that other states have employed Basic Health Programs and have demonstrated they can be a promising option in reducing uninsurance rates by providing affordable, high-quality insurance. They emphasized that the commission supports the creation of a Basic Health Program as one possible solution to providing affordable health coverage for low-income residents:
Connecticut General Assembly Commission on Racial Equity in Public Health, Muna Abbas, Acting Director
Connecticut General Assembly Commission on Racial Equity in Public Health, Gretchen Shugarts, Commission Analyst II

The following submitted general support for the bill:
Connecticut Voices for Children, Ruchi Sheth, Research and Policy Advocate

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association submitted testimony in opposition to this legislation expressing that the creation a Basic Health Plan along with the existing Medicaid program without addressing the underlying issue of chronic Medicaid underpayment would amount to adding another layer of complexity to an already strained system. The Association shared that they also object to the viability of any program that hinges on contracting care to one limited network and thereby limiting patient choice. They also expressed that they believe the state should focus on strengthening what already works within the healthcare system rather than creating new government-run plans which may jeopardize access and affordability. They stated that hospitals across the state face significant financial pressures driven by workforce shortages, rising costs, and persistent underpayment from existing government programs. They emphasize that introducing a new health program built on top of the current Medicaid program without addressing these underlying challenges, risks destabilizing the healthcare delivery system.

Reported by: Tyler Fisher **Date: April 2, 2026**