



October 17, 2025

Governor Ned Lamont
Office of the Governor
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Senator Martin Looney
Senate President
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Speaker Matthew Ritter
House of Representatives
Legislative Office Building, Room 4105
Hartford, CT 06106-1591

Dear Governor Lamont, President Looney, and Speaker Ritter:

We, the undersigned, **urge you to make health equity a central focus of the upcoming special session.** Hundreds of thousands of Connecticut residents stand to lose health coverage if policymakers fail to act. Black, Latino/a and other people of color, immigrants, and low-income communities will face higher rates of disenrollment because these communities face greater challenges navigating complex eligibility portals, administrative requirements, and “red tape,” which increases rates of procedural disenrollment.¹ Structural bias and societal stigma further compound these inequities, making work requirements and other burdens particularly harmful to Black, Latino/a, Indigenous, and other marginalized populations.² The choices made right now will determine whether we build systems that promote health and stability or ones that deepen inequities and barriers to care.

To safeguard the health of Connecticut residents, a special session must:

1. Ensure the over 5,300 recent immigrants who are currently enrolled in Covered CT do not lose access to health care when they are denied federal financial assistance in January.
2. Fully fund Covered CT, replacing enhanced premium tax credits with state dollars in the likely event Congress does not address this lapse before the end of the year.
3. Require HUSKY Health to gather and utilize input from enrollees when designing work requirements and messaging campaigns by leveraging existing enrollee groups.
4. Fund navigators, community health workers, and the DSS call center to spread information now and offer assistance in complying with new administrative requirements as they occur.

¹ Center on Budget and Policy Priorities. 2022. “States Can Reduce Medicaid’s Administrative Burdens to Advance Health and Racial Equity.” Accessed September 29. <https://www.cbpp.org/research/health/states-can-reduce-medicoids-administrative-burdens-to-advance-health-and-racial> (CBPP 2022)

² Herd, Pamela, Hilary Hoynes, Jamila Michener, and Donald Moynihan. 2023. “Introduction: Administrative Burden as a Mechanism of Inequality in Policy Implementation.” *The Russell Sage Foundation Journal of the Social Sciences*. 9(4):1-30. Accessed September 29. doi: 10.7758/RSF.2023.9.4.01 (Herd 2023)

5. Refuse to allow Association Health Plans or other products that look like health insurance but provide inadequate protection from financial risk for enrollees. Instead, prioritize cost-containment strategies to protect Connecticut residents' access to health care and the integrity of Access Health CT.

Recent federal changes threaten to destabilize Connecticut's health care systems at a critical time. Without proactive state action, more than 5,300 immigrants currently enrolled in Covered CT are likely to lose access to health coverage when federal financial assistance expires in January, and tens of thousands more Connecticut residents will face rising premiums and barriers to enrollment. The resulting surge in the uninsured population would exacerbate inequities, drive up uncompensated care costs, and strain providers and hospitals already working to contain spending. Access Health CT and HUSKY Health face significant administrative challenges in implementing these federal changes, and the potential destabilization underscores the urgency of using the special session to protect coverage, maintain health system stability, and prevent unnecessary financial and health burdens on residents.

To mitigate the federal cuts to health care, the state must act decisively and proactively during a special session to address changes that will occur before the regular state legislative session. First, to avoid increases in uninsurance, policymakers must address challenges to Covered CT by replacing the expiring enhanced federal premium tax credits with state dollars and ensuring access to health insurance for recent immigrants to ensure continuous access to health care.

Further, while HUSKY D work reporting requirements do not take effect until 2027, decisions about the systems changes necessary to implement these requirements must be made before the end of the year. HUSKY Health should actively engage with enrollees to design work requirement systems, reporting processes, and messaging campaigns by leveraging existing enrollee groups to gather meaningful input. Not only is including end users in the design of a system common sense (including end users in design mitigates user error upon implementation and increases efficiency), it is also relatively uncomplicated since HUSKY Health convenes enrollee work groups regularly per federal requirements.

Additionally, funding navigators, community health workers, and the DSS call center is essential to disseminate clear information, address misinformation, guide residents through new administrative requirements, and help prevent coverage losses.

Finally, rejecting Association Health Plans and other plans that are not health insurance in favor of transparent, equity-centered cost-containment measures will protect Access Health CT, preserve affordability, and prevent disruptions to coverage. These steps will safeguard health equity, avoid spikes in uninsurance and medical debt, and ensure that Connecticut's health systems, both public and private, remain stable and responsive to the needs of the communities they serve.

It should go without saying that mitigating the damage caused by federal changes to health policy and other sectors must NOT rely on cuts to health insurance enrollment or benefits for any Connecticut resident. Eroding health coverage is bad for the economy as well as for the health of our state's people.



Together, we can ensure that Connecticut's health systems work for everyone, especially those who are most often left behind and not heard. We stand ready to work with you: providing data, facilitating community engagement, and offering expertise to ensure that Connecticut's recovery and growth is not only strong but equitable. Proactive, equity-centered policymaking can protect coverage, stabilize families, and strengthen our health system.

Sincerely,

Blood Cancer United

Center for Children's Advocacy

Comunidades Sin Fronteras CT

Connecticut Alliance of Foster and Adoptive Families

Connecticut Citizen Action Group

Connecticut Legal Rights Project

Connecticut Oral Health Initiative

Connecticut Veterans Legal Center

Connecticut Voices for Children

Greater Hartford Legal Aid

Hartford Health Initiative

Health Equity Solutions

Hispanic Health Council

Husky 4 Immigrants

IRIS: Integrated Refugee & Immigrant Services

Make The Road CT

Ministerial Health Fellowship Advocacy Coalition

National Association of Social Workers, Connecticut Chapter



New Britain Racial Justice Coalition

New Haven Legal Assistance

Nonprofit Accountability Group

Phil Brewer MD FACEP

Reproductive Equity Now

She Leads Justice (formerly CWEALF)

Southwestern AHEC, Inc.

Universal Health Care Foundation of Connecticut

Working Families Power

cc:

Commissioner Andrea Barton Reeves, Department of Social Services
OPM Secretary Jeffrey Beckham

OPM Secretary's Senior Policy Advisor Claudio Gualtieri
Senate Minority Leader Stephen Harding
House Majority Leader Jason Rojas
House Minority Leader Vincent Candelora
Appropriations Committee Co-Chair Rep. Toni Walker
Appropriations Committee Co-Chair Sen. Catherine Osten
Human Services Committee Co-Chair Sen. Matthew Lesser
Human Services Committee Co-Chair Rep. Jillian Gilchrest
Public Health Committee Co-Chair Sen. Saud Anwar
Public Health Committee Co-Chair Rep. Cristin McCarthy-Vahey

Access Health CT Chief Executive Officer James Michel