



March 17, 2026

Human Services Committee  
Legislative Office Building, Room 2A  
Hartford, CT 06106

**RE: Human Services Committee Public Hearing on SB 3**

Dear Co-Chairs Gilchrest and Lesser, Vice-Chairs Comey and Maher, Ranking Members Case and Perillo, and the esteemed members of the Human Services Committee,

Thank you for the opportunity to provide testimony **in support of SB 3**. United States of Care (USofCare) is a non-partisan, non-profit organization working to ensure [everyone](#) has access to quality, affordable health care, regardless of health status, social need, or income. We work in states across the country to develop pragmatic policy solutions that meet the needs of people and have been engaged in efforts to advance and implement public health insurance options, as well as other efforts to expand access to coverage and improve affordability in Colorado, Oregon, Washington, and Nevada, along with Connecticut's previous efforts to develop a public option, known as the Connecticut Option ("CT Option").

United States of Care supports the framework and goals of SB 3 to improve access and lower the cost of health care for Connecticut residents. This legislation provides both immediate relief and long-term solutions to ensure people in Connecticut have access to dependable, affordable, and equitable coverage and care. As states across the country are grappling with the aftermath of HR1 and how they can mitigate harm for their constituents, this legislation is both responsive to those immediate concerns while simultaneously taking steps to build towards the creation of a basic health plan (BHP) and public option in the near future.

**Development of a Subsidy Program**

USofCare supports the development of a short-term subsidy program to provide relief to Connecticut residents while the BHP and CT option get developed. The impacts of federal changes will be far-reaching and we applaud the legislature finding ways to ensure no one is left behind and that people will have continued access to care and coverage they've depended on as longer-term solutions are developed.

**Development of a Basic Health Plan and the Connecticut Option**

We strongly support the legislation's creation of a Basic Health Plan and public option. We believe Connecticut stands to benefit in a number of ways, including improving the affordability of care and coverage, increasing access, helping those who "churn" between different coverage sources throughout the year, and reducing health disparities.

While the legislation’s innovative approach uniquely addresses Connecticut’s needs and health care landscape, we can look to other states that have enacted similar policies to better understand the benefits they provide. For example, [Oregon](#)’s Basic Health Plan (known as the “Bridge Plan”) provides coverage to nearly [40,000 Oregonians](#), [many of whom regularly churn](#) between coverage sources and benefit from continuity of coverage as their life circumstances change. A [number of states](#) have also implemented successful public options, including Colorado where the “[Colorado Option](#)” has been providing coverage since 2023. There, enrollment has surpassed expectations and [recent analysis](#) shows us that it lowers premiums and out-of-pocket costs, provides people with meaningful benefits, and increases people’s access to services. These state examples provide helpful lessons that can inform the development of the BHP and CT Option.

### **Basic Health Plan and Connecticut Option Working Group**

Overall, we are strongly supportive of the proposal to establish a working group charged with creating a BHP and CT Option proposal. We encourage the legislature to ensure that the task force has appropriate and diverse representation that includes participants representing the range of stakeholders who could be impacted by the CT Option and BHP, including small businesses, health care consumers, chronic disease advocates, federally qualified health centers, and consumers who are experiencing affordability challenges due to the expiration of the federal enhanced premium tax credits, “churning” off Medicaid, or other changes. It is critical that the task force is informed by the experience of individuals who will likely benefit from CT Option and BHP coverage and can speak to their experience navigating coverage options in Connecticut. We also encourage the state to provide an opportunity for a representative from each of Connecticut’s federally recognized tribes to participate in the working group. A comprehensive task force will include critical insights into the components of the plan needed to support continuity of coverage for state residents.

Additionally, we are supportive of the work group charges outlined in SB 3, including the requirement of an affordability analysis, evaluation of equitable access, impact on the health insurance market, and consideration of policies that contain costs. Notably, impact on the individual market has been a large topic of conversation as other states have developed their own state-based coverage programs and we would encourage Connecticut to examine lessons learned from those efforts. By considering these elements on the front end of program design, the work group will have the opportunity to identify any unintended consequences on the individual Market and include any necessary adjustments to program elements in their recommendations to the legislature and Office of Policy and Management (OPM). These analyses will also be especially important to understand changing dynamics in state as HR1 is fully implemented. These analyses will be critical as the work group considers the best path forward.

We also appreciate that the legislation specifically includes a definition of an “affordable health plan.” The definition provides the work group with parameters and clear guidelines as they develop the CT Option program, which will ensure the program is meeting the intended goals and serving those it is intended to serve.

## **Stakeholder Engagement**

USofCare commends the legislature on the inclusion of a stakeholder engagement process in the development of these programs and strongly supports the inclusion of robust efforts to facilitate the inclusion of the diverse stakeholder group impacted by the development of these programs. In addition to strengthening the work group composition (as noted above), we also encourage the committee to consider the inclusion of a specific process to engage and gather feedback from Connecticut's two federally recognized tribes on the development of the BHP and CT Option. Moreover, we recommend the legislature outline a requirement that the OPM develop a plan for ongoing engagement of the stakeholder groups outlined in Section 8 in order to ensure that these communities are provided ample opportunity to weigh in along the full course of program development.

## **Waiver Authority**

Based on USofCare's experience with the development of other state-based coverage programs, we strongly encourage the inclusion of legislative language that explicitly gives the OPM the necessary authority to seek federal waivers that meet the needs of Connecticut while also allowing the state to draw down maximum federal funding. It is critical for the state to assess the benefits and potential drawbacks of designing a program through a federal Medicaid 1115 waiver, 1331 Basic Health Plan waiver, and/or 1332 state innovation waiver, and we encourage the inclusion of a provision requiring the task force to make recommendations on how to maximize federal funding. Because there is not yet an analysis on the best waiver approaches to pursue, we believe providing the state with flexible authority to move forward with any of these different types of waivers is a good approach that enables the state to identify the best approach to ensuring a robust coverage safety net for state residents.

## **Advancing Efforts to Ensure Coverage Continuity and Access Post-HR 1**

As these efforts to improve Connecticut's health care system through the creation of a BHP and public option, we also commend the legislature's thoughtful approach to minimizing harm as the state responds to the program changes following the passage of HR 1, including work requirements. Data reporting requirements, like those included in SB 3, are critical to ensure the state understands the impact of work requirements on beneficiaries and supports a continued commitment to harm mitigation as implementation progresses. We urge the committee to consider opportunities for this data to be made publicly available on an ongoing basis.

Overall, we applaud the committee for its commitment to ensuring continuity of coverage and affordability for all state residents. As this legislation continues to be refined, please consider the experts at United States of Care a resource, and if you have any questions regarding these comments, please don't hesitate to reach out.

Sincerely,

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