



September 11, 2025

By Electronic Mail

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

**Re: Urgent Need to Convene Special Session to Address Federal Medicaid/Exchange Subsidy Cuts, Adoption of New Standards and Funding to Fix and Support the DSS Call Center Long Before New Burdensome Federal Processing Requirements Are Imposed**

Dear Governor Lamont, Speaker Ritter, and Senate President Looney:

The undersigned organizations, which serve or represent low-income Connecticut residents on Medicaid or on the health care exchange, write to urge you to follow up on your well-publicized, appropriate calls for a special session of the General Assembly. Connecticut faces a dire need for a special session, in **September or October** of this year, to address cuts to both Medicaid and health insurance exchange subsidies under the federal legislation known as HR 1 or the "One Big Beautiful Bill Act".

The special session must include addressing the long-standing dysfunction and poor performance of the call center run by the Department of Social Services (DSS), by mandating the immediate hiring of new staff, under newly adopted requirements for timely performance. The call center has been chronically understaffed for years, which, as is, has prevented the most vulnerable residents from accessing critical benefits, leaving many eligible people uninsured. The Commissioner of Social Services has recognized the deep issues the call center faces currently, as recently as the meeting of the Medical Assistance Program Oversight Council (MAPOC) on July 11<sup>th</sup>. Given the nine months to a year needed to fully train the new staff, this necessarily must be addressed during the special session, long before the additional burdens of the intentional red tape imposed on Medicaid processing by new federal legislation go into effect in January of 2027.

We therefore urge you to include at least these two issues in the call for the special session:

1. Hold harmless certain very low-income (under 100% of FPL) legal immigrants set to lose **all** federal subsidies on the exchange on **December 31, 2025**, so that they can continue to afford basic health insurance on the exchange.
2. In addition to immediate short-term fixes, adopt new statutory standards and a long-term plan to adequately fund the needed staff for the DSS call center. DSS should be required to fully meet, and continue to meet, the timely response standards it

imposes on its own call contractors, through sufficient and sustained new hiring and funding, with all necessary additional staff fully trained no later than **July 1, 2026**, to meet those metrics going forward.

### **Impact of HR 1 in the Near Term**

After the passage of HR 1, each of you made clear how very harmful this bill was to low income people who rely upon Medicaid for access to basic health care and upon SNAP for basic nutrition.<sup>1</sup> Because of this, you also made very clear that the legislature is going to have to act to address at least some of the harms to be visited on hundreds of thousands of CT residents as a direct result of the bill's passage, most likely through a special session in September or October of this year.<sup>2</sup> Together, these provisions and lack of provisions mean tens of thousands, and likely more than 100,000, of CT's residents losing all of their health care coverage.<sup>3</sup>

The threat of this harmful legislation continues unhindered. Recently, however, it has been suggested by some that there is no urgency to have a special session to address what is in and not in HR 1. The premise is that the cuts do not go into effect until after the next regular session and thus we can wait. This is not true, even for those provisions which do not go into effect until October 2026 or January 2027. The time to gear up and prevent the harms from these extreme cuts is necessarily *now*, for the reasons explained below.

First, HR 1 eliminates **all** premium tax credit eligibility for people with income below 100% of FPL who are **lawfully present** but ineligible for Medicaid due to immigration status, mostly because of the long-standing five year bar for legal permanent residents (other than children and pregnant people).<sup>4</sup> Given their very low incomes (100% of FPL for one is \$15,650/year), these individuals will not be able to pay full price for coverage on the exchange and will therefore become uninsured.<sup>5</sup> **Without the legislature stepping in, they will lose their health insurance coverage long before the regular session.**

Second, and perhaps most importantly for the long-run, on **January 1, 2027**, our state will be *required* to impose burdensome and unnecessary paperwork on hundreds of thousands of low income people on Medicaid through the HUSKY D Medicaid category (currently covering about 342,000 individuals, see [Workbook: People Served](#)). HUSKY D enrollees (and thus DSS) will be effected in two ways: (1) their Medicaid eligibility will need to be determined *twice per*

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<sup>1</sup> [Governor Lamont Statement on Approval of Congressional Republicans' Budget Bill](#) (7/3/25 Press Release).

<sup>2</sup> . [Top CT officials pledge to try to fill gaps from Trump budget](#) (Hartford Courant, July 7, 2025) (Statements of Governor Lamont); [Legislators mull how CT should react to One Big Beautiful Bill](#) (CT Mirror, Aug. 7, 2025)(statements of Governor Lamont, Speaker Ritter); [Federal budget bill impact report expected in early August, Ritter says](#) (WSHU, July 16, 2025); [Top CT officials pledge to try to fill gaps from Trump budget](#) (Hartford Courant, July 7, 2025). See [How will Access Health CT be affected by federal policy changes?](#)

<sup>3</sup> [Which CT towns could get hit hardest by federal Medicaid cuts?](#)

<sup>4</sup> The [Marketplace Program Integrity Final Rule](#) (Final Rule) also makes DACA recipients ineligible for marketplace coverage beginning **August 25, 2025**.

<sup>5</sup> in October 2026, eligibility for Medicaid for individuals legally present in this country who have the status of refugees, asylees, victims of trafficking and victims of domestic violence will end, and these individuals will also lose their health insurance. Because of their low incomes, they are very unlikely to obtain coverage through any other source.

year, not just once per year, (2) they will be required to regularly demonstrate that they are working or engaged in school or volunteer work at least 80 hours per month or are exempt from these requirements due to meeting narrow exemptions.

Third, at the same time these new work reporting requirements are imposed on Medicaid enrollees, HR 1 will also be imposing new work requirements to stay on SNAP. Most notably, for the first time, work reporting requirements will be imposed on SNAP enrollees between the ages of 55 and 64. This is a demographic which is particularly challenged in ability to maintain work – or to keep up with regular work reporting requirements. While it is not clear exactly when these new work requirements for SNAP will kick in, they are very likely to be imposed before the new Medicaid work requirements go into effect in January of 2027. This will serve to further strain DSS's severely limited resources, and particularly its already severely overburdened call center, long before 2027.

Although we understand that state officials are exploring means to facilitate the renewal of eligibility through use of automatic matching and AI services, the reality is that such devices will be wholly insufficient to meet the need, particularly for people with disabilities who need to establish and re-establish a work requirement exemption. As demonstrated with disastrous results in Arkansas and Georgia, where similar work requirements were imposed, these federal mandates will create routine obstacles which can only be addressed through human engagement.

### **The Current Crisis with DSS's Call Center, to Soon Get Much Worse**

DSS is today already in dire need of sufficient additional resources to hire and maintain knowledgeable employees, who know the systems well. DSS needs people who can assist desperate individuals, many of whom have disabilities, to navigate the onerous new regular paperwork requirements, by every means.

However, as a practical matter, on-line and in-person options are very limited for a large portion of the Medicaid/SNAP enrollee population. Low-income individuals, particularly individuals who are disabled or over 65, are less likely to have computer access. For individuals who have access to on-line services, the automated systems often cannot address a problem; only a human can go into the system and understand the significance of documents or fix a problem. In addition, individuals who can't address a problem on-line may have great difficulty in physically coming to a regional office, which may require one or more bus rides, especially if they have a mobility impairment. For all these reasons, access to a human through the call center is critical. Yet, right from its very beginning about 11 years ago, the call center has never been adequately staffed.

As you all have appropriately condemned, Connecticut cannot do anything about the imposition of these unnecessary new Medicaid and SNAP eligibility requirements. However, given the reality that these requirements will be imposed come January of 2027, it is incumbent upon the legislature to timely act to address current severe deficiencies that *already* exist in the customer service end of the DSS operations. This includes funding to actually keep the call center sufficiently staffed. Horrendously long delays in providing needed services are plaguing DSS -- even *before* these onerous eligibility requirements are imposed. Moreover, per the agency, it will take **at least 9 months and possibly a year to both hire the necessary new staff and adequately train them to be able to fully assist Medicaid enrollees** with all aspects of Medicaid and SNAP eligibility maintenance.

One in four CT residents receives services from DSS. The DSS call center, created about 11 years ago, is the *only* call center available for help in meeting the new work requirements for both Medicaid and SNAP. It also is the only call center available to help with enrolling in, or to stay on, SNAP, Temporary Family Assistance, State Supplement for elderly and disabled individuals, State Administered General Assistance and **all of the Medicaid programs that are not “MAGI-methodology” based**, such as HUSKY C for disabled individuals and older adults (about 92,000 enrollees), MEDConnect for individuals who are disabled and working, and the limited benefit Medicare Savings Programs (which have about 217,000 enrollees).

The performance of the call center is atrocious. In April to June of 2025, the average wait time to even connect with a human (tier I calls) hovered around **43 or 44 minutes**, with a very high resulting abandoned call rate of **49 to 50%**, see [june monthly-dashboard v1.pdf](#). These are average wait times, with some people waiting 2 and even 3 hours to get through to *any* human being, who then must often put them into yet another queue (for tier II). This is extraordinarily difficult for anyone but particularly for people who are trying to work during the day and/or who have physical or mental disabilities. And it is getting worse: for July, the last month for which there is data on the DSS website dashboard, the average wait time for tier I calls was at **51 minutes** and the call abandonment rate for tier one was also a shocking **53%**, i.e., well over half of callers just give up, do not speak to a human, and do not have their needs met. See [july monthly-dashboard v1.pdf](#)

The severe problems with the call center are directly related to staffing levels. Over several rounds since the call center came into existence, the agency has been under pressure from advocates and legislators, and through the media, to get approval to hire more people and it has at times done so. Substantial hiring has each time substantially reduced the waits at the call center. But, with the pressure off, the steady attrition out of the unfulfilling jobs at the call center inevitably made things worse, and the performance each time has fully predictably deteriorated all over again.<sup>6</sup> Claims by successive commissioners about “new systems” or “new software” being around the corner to mitigate the need for substantial new hiring have also regularly been made. These purported solutions have always fallen short because there is simply no substitute for human engagement for individuals with bureaucratic problems.

It is easy to see how much worse this will become when the 340,000 plus individuals on HUSKY D are subject to **double** the frequency of redeterminations and are required to repeatedly demonstrate work activities or exemptions from those requirements, and the cumbersome new SNAP requirements also go into effect.

For over ten years, the lack of a permanent plan to address the chronic under-staffing of the call center has damaged its operation and caused severe harm to CT’s most vulnerable residents. As the leadership of our State, we need you to act **now** to provide DSS with new resources to meet the challenge. We urge you to call for a special session, so that DSS can begin the major process of hiring, training and maintaining that higher level of staffing. Given the long lead time for completing training, DSS also needs to be prepared in time for the severe

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<sup>6</sup> See, e.g. [No Quick-Fix For Long Hold Times, Dropped Calls, Erroneous Notices at DSS Call-in Center – Hartford Courant](#) (2015); [DSS increasing staff at its call center to combat long wait times \(ctmirror.org\)](#) (2018); [Connecticut Advocates Alarmed By Lengthy DSS Call Center Wait Times | CT News Junkie](#) (January 2024).

new federal burdens or the system risks complete collapse. **It is now necessary for the legislature to impose and fund specific timeliness standards that must be met by the DSS call center, and continue to be met, by providing for sufficient fully trained staff, in place long before the onerous new federal paperwork requirements go into effect.**

**None of these harms can be avoided if we wait until the regular session.**

### **Solutions to Call Center Dysfunction Needed During Special Session**

In light of this longstanding call center crisis *already* afflicting hundreds of thousands of CT residents, the repeated failures to address the crisis over several years, the extreme additional burdens which will be imposed on the call center under the new federal requirements, and the long lead time to train the substantial new staff that will be needed in time for their implementation, we request that the special session include legislation adopting all of these short **and** longer term solutions for the call center:

a. **Short term:**

- (1) Provide full state replacement funds for the \$10M ARPA funds lost last year, which had funded the tier I vendor contract, to either reinstate that contract or authorize the hiring of urgently needed DSS staff for the call center
- (2) Authorize rehiring of retirees on a temporary basis, as well as overtime, as the new hires are being trained
- (3) Require regular reporting on the DSS dashboard of all call center staffing levels both for Tier I and Tier II staff, whether employees of DSS or of a contractor, starting now and ongoing, so legislators can compare those levels over time

b. **Long term:**

- (1) The agency should be required to ensure adequate staffing is fully trained as of July 1, 2026 and that it is maintained based on an objective review of how many bodies are needed and so as to ensure that it will not exceed **specific performance standards** (call wait times, call abandonment rates), for all “tiers,” **using the Department’s call center standards imposed on its own contractors**, which also run call centers, as the governing approach. For example, DSS’s medical administrative services organization contractor, CHNCT, is required to “*answer 90% of calls with a live person within sixty (60) seconds and maintain an average daily abandonment rate under 5% during Normal Business Hours.*” See current DSS-CHNCT contract at [CTsource Contract Board](#) (page 98).<sup>7</sup> These clear performance standards will drive the agency to make sure sufficient staffing is maintained.
- (2) There must also be an automatic system for filling any attrited DSS call center workers without having to go back to OPM, or DSS will be discouraged from asking for the necessary funds to maintain the necessary staffing levels.

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<sup>7</sup> DSS enforces this with monetary penalties of \$2500 for each violation over 5 minutes. DSS-CHNCT Contract at page 257.

- (3) A study should be required of the benefits and feasibility of resuming the practice of assigning clients to DSS workers who will be responsible for a client caseload and thus deal with the whole person. The current system causes low morale and attrition among the many workers who take the job in part based on an admirable view that they really can help people in need, and who are sorely disappointed by the actual nature of the work. Specific caseloads would improve staff morale, and fluency and fidelity for client-specific reporting requirements.

## **Conclusion**

We thank you for your attention to this urgent matter. We also would welcome an opportunity to meet with each of you to discuss the urgent need for this special session, to address each of these two issues. Please reach out to us with any questions or to set up such appointments.

Respectfully,

Sheldon V. Toubman  
Litigation Attorney  
Disability Rights Connecticut  
75 Charter Oak Avenue, Suite 1-101  
Hartford, CT 06106  
(475) 345-3169 (phone)  
(860) 296-0055 (fax)  
[sheldon.toubman@disrightsct.org](mailto:sheldon.toubman@disrightsct.org)

Kristen Noelle Miller Hatcher  
Managing Attorney, Benefits Unit  
Connecticut Legal Services, Inc.  
16 Main Street, 2<sup>nd</sup> Floor  
New Britain, CT 06051  
(860) 357-9308 (phone)  
(860) 225-6105 (fax)  
[kmillerhatcher@ctlegal.org](mailto:kmillerhatcher@ctlegal.org)

And on behalf of:

AFT Connecticut  
AgingCT  
American Lung Association in CT  
Black And Brown United In Action  
Center for Children's Advocacy  
Center for Disability Rights  
Citizens Coalition For Equal Access  
Connecticut Citizen Action Group  
Connecticut Coalition on Aging  
CT Cross Disability Lifespan Alliance  
Connecticut Health Policy Project  
Connecticut Legal Rights Project  
Connecticut Legal Services  
Connecticut Oral Health Initiative

Disabilities Network of Eastern CT  
Disability Rights CT  
Greater Hartford Legal Aid  
Health Equity Solutions  
Independence Northwest  
Independence Unlimited  
Mental Health Connecticut  
Ministerial Health Fellowship  
More Than Walking  
Physicians for National Health Program-CT

cc: Commissioner Andrea Barton Reeves  
OPM Secretary Jeffrey Beckham  
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 Cristin McCarthy-Vahey