



CONNECTICUT WOMEN'S HEALTH CAMPAIGN e-News, June 2009

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1. Health care in, health care out. No state budget yet...but a Connecticut universal health care bill passed both chambers. See the roundup of state legislation on women's health.
2. New Kennedy-Dodd bill on national health reform just introduced.
3. See the Women's Health Calendar for important opportunities to make your voice heard on health care cuts and changes.

CWHC News

Take a Quick Survey. Do You Exercise? Please take this short survey, and send to your networks. **We need results from 50 more women!**

http://www.surveymonkey.com/s.aspx?sm=UHH3bo6i_2bxUjutA5tnDdaQ_3d_3d

Say goodbye to Emma Mullen, Research Assistant. Our Public Ally is westward bound. Thanks to Emma for all her work on the women's health campaign.

Health Program Notes

Changes to Medicare Part D Effective Now. As of June 1, 2009, if your provider prescribes a drug that you aren't currently taking, which is not on your Medicare Part D Prescription Drug Plan's formulary, the Department of Social Services will not pay for it. If it is medically necessary for you to use the specific drug (that is not covered by your Medicare Drug Plan), your provider must ask for an exception or authorization from your Medicare Part D Prescription Drug Plan, or call the DSS Pharmacy Unit, (860) 424-4880, or toll free at 1-800-340-0715.

Other Changes to DSS Health Programs. According to the [Commission on Aging](#), the Department of Social Services recently modified the following programs:

- Medicare Part D Wrap-Around: Beginning on June 1, 2009 new prescription drugs will not be covered.
- Alzheimer's Respite Care: This caregiver support program closed on May 11th, 2009 and is no longer accepting new applicants. If there are no further cuts, income and grant guidelines would be expanded and the use of personal care assistants would be allowed beginning in July.
- Community-Based Services: DSS is no longer accepting applications as of May 11th, 2009 and will cut back on homemaker, companion, adult day, meals and other services for current enrollees on June 15th, 2009

- Care 4 Kids: DSS changed the requirements to apply effective May 13th, 2009.

For more information contact the Connecticut Commission on Aging, 860-240-5200, or www.cga.ct.gov/coa

State Legislative Update

While the session ended June 3rd, a budget was not adopted. It is likely that more cuts to health programs will be implemented with passage of a budget. These are likely to disproportionately affect the health of women, especially those with lower incomes, chronic conditions and the elderly. We will continue to monitor and inform you as changes come up.

Enactments:

Public Act 09-41/SB 458 An Act Requiring Communication of Mammographic Breast Density Information to Patients. Starting October 1st, 2009 every mammography report must include information about breast density based on the American College of Radiology. Women with dense breast tissue might not otherwise know that mammography has limited diagnostic capability for them, and that ultrasounds or MRIs might be needed. This law will make it easier for women to get insurance coverage in such circumstances.

Public Act 09-64 makes personal care assistants a covered service in the **Connecticut Homecare for Elders** program as of April 1st 2010.

Bills which passed both Houses of the Connecticut General Assembly, waiting on Governor:

The House and the Senate passed a bill concerning the **establishment of the Sustinet Plan, HB 6600**. Sustinet is an incremental plan for universal healthcare in Connecticut. It would allow individuals and businesses to join by choice, and includes a phased in enrollment of the uninsured, underinsured, self employed, municipalities, and non-profits. It builds on public insurance programs including HUSKY. The plan would also maximize federal funds, and is set to begin in 2012. The act creates task forces to address obesity, tobacco usage, and health care workforce issues. For more information, www.healthcare4every1.org/SustiNet

The **Connecticut Healthcare Partnership bill, HB 6582**. This bill would convert the state employee health insurance plan, (excluding dental) to a self-insured plan. It also makes provisions for the comptroller to open this state plan to other public employers, non-profit organizations, and small employers between 2010 and 2011.

HB 6678. AAC Revisions to the Department of Public Health Licensing Statutes includes a provision adding *gender* to the disparities addressed by the CT Commission on Health Equity.

HB 5297/PA 09-17, AAC The Status of Money Follows the Person Project. The federal MFP demonstration project permits states to move individuals out of nursing homes or other institutional settings and into less-restrictive, community-based settings. This law requires the Commissioner of Social Services to provide MFP status reports to the Human Services and Aging committees, semiannually, starting October 1, 2009.

Bills which failed to pass both chambers:

The House passed AA Mandating Employers Provide Paid Sick leave to Employees, HB 6187. Paid Sick Days legislation passed the Senate two years in a row, but did not come up this year for a vote in the Senate. The House approved version would have provided one hour of sick time for every forty hours worked by workers in firms with at least 50 employees.

HB 6361 would have established a **Sexual Assault Forensic Nurse Examiner** program pilot to have nurses on-call when a victim presents at a hospital. While the underlying legislation failed, the language establishing the program may be added to the budget implementation bill during the special session. Federal stimulus dollars are expected to be available for this purpose.

Governor's 5/29/09 budget proposal for SFY'10 and '11. The Governor's proposal includes deep cuts to health care programs, especially those serving low-income populations. These cuts are proposed despite enhanced funding for such services through the federal stimulus package. Cuts include many of those proposed in her earlier proposal, as well as reductions to the state's subsidy to Charter Oak Health Plan-increases cost-sharing for uninsured individuals; cuts to Healthy Start prenatal outreach; cuts to Medicaid provider rates by 1% and managed care organization rates by 6%; elimination of eyeglasses for adults under Medicaid; reductions for community health centers, and others.

http://www.ct.gov/governorrell/lib/governorrell/budgetnegotiationsreport_may28_02.16pm_rev.pdf

Federal Update

While the Connecticut legislature passed Sustinet, **Congress is also considering major health reform** options. This summer is expected to be an intense period of deliberation. Chairman Kennedy released the landmark **"Affordable Health Choices Act."** Click here for a copy of the bill, http://help.senate.gov/BAI09A84_xml.pdf.

Process. Kennedy has deputized Senator Chris Dodd, vice chair of the Health, Education, Labor and Pensions Committee, to manage the bill until he returns to Capitol Hill, giving Dodd a major role in what is expected to be one of the key political issues this summer. Another plan is expected to come out of the Senate Finance Committee, led by Sen. Max Baucus by month's end. Earlier this year, Kennedy and Baucus established a joint process that will lead to complementary legislation being marked-up in June and on the Senate floor by July. A public hearing is scheduled for Thursday, June 11.

Summary. The legislation aims to reduce health care costs, protect individuals' choices of doctors, hospitals and insurance plans and guarantee, quality and affordable health care for all Americans.

The Affordable Health Choices Act includes five major elements: choice, cost reduction, prevention, health system modernization, long term care and services. The **American Health Choices Act** would

- Ensure that all Americans have access to doctors' services, hospital care, maternity and newborn care, prescription drugs, mental health and addiction services;
- expand Medicaid to people with incomes 150% of the poverty level, and subsidize premiums for people with higher incomes;
- prohibit the private insurance market from discriminating based on gender, health status, age, actuarial value, geography, or family size;
- allow dependent coverage to extend until the age of 26;
- provide temporary reinsurance reimbursement to employers who provide insurance to retirees aged 55 to 64;

- offer a solution to the long-term care crisis; and
- addresses health care workforce shortages and other issues.

The Affordable Health Choices Act also includes the **Community Living Assistance Services and Supports (CLASS) legislation** which would create an employee-financed long-term care insurance program for current workers. It would enable the elderly and disabled to live at home and function independently. The CLASS Act works within the current health care system by sustaining the role of private health and long-term care insurance while creating a public long-term care insurance program. The bill acknowledges the role for private insurance and/or personal savings in covering costs.

Women's Health Calendar

CT Disability Advocacy Collaborative 10th Anniversary. June 18, 10 am-3 pm. Damaging proposed cuts to healthcare which would unravel independent living such as changing the definition of medical necessity under Medicaid will be discussed. The day begins with a march from the Park Place Nursing Facility to the State Capitol. Afternoon activities include lunch, a panel of older adults who are back in the community, a review of the past 10 years of progress, and more. For more information on how to participate call 860-614-8351.

Rally on Budget Issues Affecting Seniors, People with Disabilities and Vulnerable Populations the Impact of Proposed State Budget. June 23rd from 11:20-12:30. Depending on weather supporters will gather either in the Old Judiciary room or on the South side of the Capitol building. Lunch will be provided. Stay tuned for more information or contact Sheldon Toubman at SToubman@nhlegal.org.

Preparing Medical Interpreters for National Certification. June 19, 2009, 2:30-5:00 p.m. Connecticut Hospital Association, 110 Barnes Rd., Wallingford, CT 06492. Featuring Keynote Speaker: Izabel Arocha, International Medical Interpreter Association. RSVP with Sonya Perea perea@easternctahec.org

Women's Health Resources

Health Information In Over 40 Languages. Medline plus now offers high quality health information on over 250 topics in over 40 languages on their website, <http://www.nlm.nih.gov/medlineplus/languages/languages.html>. This is a helpful resource for consumers, information professionals, and health care providers. For more resources visit <http://www.ahrq.gov/browse/hlitres.htm>

The Importance of Affordability in Healthcare. Community Catalyst, PICO National Network, state advocacy groups and faith based community organizations, will survey families what affordability in health care means to them. They will use the surveys to support congressional action. To find out more, http://communitycatalyst.org/doc_store/publications/affordability_brief_cc_pico.pdf

Women More Likely to Forgo Necessary Medical Care. A recent study by Commonwealth Fund researchers, states about half (52%) of working women reported problems such as not being able to fill a prescription, go to the doctor, or get a medical test vs. only 39% of men. 69% of underinsured women have problems accessing care because of costs. To read the full report, <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/May/Women-at-Risk.aspx>

Improving Access to Languages in Health Care at the Federal and State Level. Mathematica Policy Research, Inc. reports that over 23 million Americans have limited English proficiency, a problem that limits their access to quality health care. Groups like the National Committee for Quality Assurance, The Joint Commission on the Accreditation of Health Care Organizations and the National Health Plan Collaborative are working at the Federal level to update policies. California, Minnesota and New York have been successful in pushing forward legislation to mandate a diversity of language services in commercial health plans. For more information and to see how other states are looking to these models or to read the full report, <http://www.mathematica-mpr.com/publications/PDFs/Health/LanguageServicesbr.pdf>

Health Fact

Thirty-eight percent of women v. 30% men have a chronic health condition. Half of women 45 to 64 report a chronic condition requiring ongoing treatment. **Source:** Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2004.

Join Us!

To see a list of CWHC members, our principles or a sign up sheet, see http://www.cga.ct.gov/pcsw/cwhc/pages/cwhc_membership.asp CWHC members will not be asked to sign on each year. If you would like to change your membership status, please contact Lisa.Sementilli@cga.ct.gov

Connecticut Women's Health Campaign, c/o PCSW
18-20 Trinity Street
Phone: (860) 240-8300/ Fax: (860) 240-8314
Web site: www.cga.ct.gov/pcsw/cwhc