

Summer 2008 Newsletter

Legislative Update

CWHC selected three priorities for women's health legislation this session: a comprehensive sexuality education grant; funding and expanded slots for the home care program for the disabled; and the establishment of a statewide sexual assault nurse examiner/forensic nurse program. In addition to these three priorities, CWHC also monitored the following legislation, which was acted upon after the last release of our last newsletter:

sH.B. 5536, AA Establishing the Connecticut Healthcare Partnership – *vetoed*. This bill would allow municipalities, certain municipal contractors, non-profit organizations, and small businesses to join the state employee health insurance plan for their employees and retirees

PA 08-158, AAC Optional Services Covered under Medicaid (SB 558) – *passed and signed into law*. Includes hospice care as a covered service under Medicaid. *This change will be implemented on 1/1/09.*

PA 08-145 AA Implementing The Governor's Budget Recommendations Regarding The Tobacco And Health Trust Fund (HB 5020) – *passed and signed into law*. This act increases the amount the Tobacco and Health Trust Fund (THTF) trustees can recommend for disbursement for tobacco prevention, education, cessation; substance abuse reduction; and unmet physical and mental health needs. Beginning in FY 09, it allows the trustees to recommend disbursement of up \$6 million.

Governor Orders Rescissions. On June 24, 2008, Governor Rell announced FY 2009 budget cuts of 3% to 5% at state agencies to offset an anticipated SFY 09 budget deficit of about \$150 million. Many of the rescissions are reportedly technical in nature, reflecting caseload or cost re-estimates. Health related adjustments include:

- SAGA – \$5.8 million pharmacy carve-out savings
- ConnPACE – \$2.8 million lower Medicare Part D coverage gap (i.e., donut hole) costs (will not reduce services to clients).
- Needle and Syringe Exchange Program-\$24,545 across Bridgeport, Danbury, Hartford, New Haven and Stamford.
- Community Services Support for Persons with AIDS-\$9,959 and AIDS Services-\$395,328.
- Emergency Medical Services Regional Offices-\$33,874 for five regional EMS offices.
- Community Health Services-\$464,238. Contract delays in FY 2008 resulted in a lapse.

For more information, see <http://www.ct.gov/opm/site/default.asp>. Governor Rell announced on July 22 that a \$22 million surplus is projected for the fiscal year that ended June 30 (final calculations will not be made until after Labor Day). For the current fiscal year, which started July 1, the projected deficit is \$150 million.

Health Program Needs

New Funds for Breast and Cervical Cancer Screening

The CT Department of Public Health has released a request for proposal to increase the reach of the Connecticut Breast and Cervical Cancer Early Detection Program. The funds are available to identify and refer women age 40-64 years old who have not received screening, especially women who are members of population groups experiencing health inequities. Applications from public and private

Women's Health Calendar—Upcoming Events

October 2, 2008 — Screening of "When the Bough Breaks" from the PBS documentary series, *Unnatural Causes*. This episode deals with **infant mortality among African-American women** and the lifecourse perspective to be following by a panel discussion. Crown Plaza Hotel in Cromwell, CT, 9:30 - 11:30 AM. Save the date!

October 5, 2008 — Making Strides Against Breast Cancer. Making Strides Against Breast Cancer (MSABC) is the American Cancer Society's premier event to raise awareness and funds to fight breast cancer. For more information, please contact: Justine Fowler at (203) 379-4872 or via e-mail at Justine.Fowler@cancer.org. To be held at Bushnell Park, Hartford.

**Health Fact
Did You Know?**

Over 550 jobs are created or supported by National Institutes of Health funds in Connecticut. These jobs pay an average wage that exceeds \$60,000 per year. (Source: Families USA, In Your Own Backyard, June 2008.)

PCSW and CWHC Hosts Table at Senior Fair at Eastern Connecticut State University



Lisa Sementilli, PCSW's Research and Policy Director and co-chair of the CWHC (r.) and Lisa Smith-Overton, Projects/Events Assistant at PCSW (far l.) share a laugh with Professor Emeritus Charles Prewitt at Eastern Connecticut State University's Senior Fair on July 25, 2008. (Photo by Nick Lacy)

Women's Health Resources

High School Dropouts, Including Females, Have Higher Health Risks And Less Access To Health Coverage. A new study shows that Americans, especially women, without high school diplomas have a higher — and increasing — risk of premature death. [When Girls Don't Graduate, We All Fail: A Call to Improve High School Graduation Rates for Girls](#) released by the National Women's Law Center, found that high school dropouts encounter higher health risks and have less access to health coverage.

Higher unemployment and lowered earnings are not the only negative outcomes for high school dropouts; dropouts also struggle with worse health conditions and less access to health coverage to address their needs. Adults without a high school diploma are more likely to die prematurely from diseases such as cardiovascular disease (35% of all deaths) and cancer (27% of all deaths).

Young adults without a high school diploma or GED are less likely than adults with more education to have health insurance, undergo preventative health screenings, or exercise regularly. High school dropouts also have higher rates of mortality and are more likely to smoke, to be obese, and to engage in heavy drinking than those with more education. Only 9% of non-elderly college graduates are uninsured. <http://www.nwlc.org/pdf/DropoutReport.pdf>

Reimbursement for language services. Few community health centers receive reimbursement for language services nationally. While 84% of community health centers treat patients with limited English proficiency on a daily basis, only 5% receive direct reimbursement for language services from Medicare, Medicaid or private insurers, according to a report by the National Association of Community Health Centers. The report 260 community health centers, which estimated a total of \$45 million annually in direct costs for language services. <http://www.nachc.com/client/documents/FINALNACHC%20Report.6.10.08.pdf>

Plastics as endocrine disruptors. The plastics problem is growing in scale and complexity due to a collision of factors, including the explosive growth of the U.S. and international plastics industry; the absence of plastic ingredient and source labeling requirements; recycling failure for PVC and polycarbonate plastics; environmental contamination of air, water, soils, oceans, fish and wildlife; human exposure to BPA and DEHP from food and beverages in high income nations; the dependence of the plastics industry on petroleum; and failure to require health and environmental testing prior to chemical production, sale, and disposal. Read more about it at: http://ehhi.org/reports/plastics/ehhi_plastics_report_2008.pdf

Public insurance found to be cost effective way to expand coverage. A recent study finds that covering low-income people through public programs such as Medicaid and the State Children's Health Insurance Program, rather than through private health insurance, results in lower per-person medical spending and considerably lower out-of-pocket expenses for consumers. This supports CWHC's position that public insurance should be the building blocks for universal coverage. See CWHC's related fact sheet [here](#). Source: <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.4.w318>

Emergency Fund for Breast Cancer Patients. The Connecticut Breast Cancer Coalition Foundation supports an Emergency Fund for non-medical expenses to help women with financial needs associated with breast cancer. Each request is reviewed by the Emergency Fund Board. Applications must be completed by a patient's care manager or physician. Please contact info@cbccf.org for additional information.

Online Self-Assessment Tool Addresses Disparities in Depression (Source: AMCHP Member Briefs - April 11, 2008). The National Center for Cultural Competence developed this online module to address racial and ethnic disparities in the diagnosis and treatment of depression. The model uses self-assessment as a learning tool for providers to: heighten awareness; influence attitudes toward practice; and, motivate the development of knowledge and skills to incorporate cultural and linguistic competency into the diagnosis and treatment of depression. The module can be accessed at: <http://www.gucchdgeorgetown.net/I3D/> (secondary source: CT Women's Consortium)

Families USA Report. Families USA generated state-level estimates of the number of deaths due to lack of health insurance. Between 2000 and 2006, the estimated number of adults between the ages of 25 and 64 in Connecticut who died because they did not have health insurance was *more than 1,100*. Read more about it at <http://www.familiesusa.org/assets/pdfs/dying-for-coverage/connecticut.pdf>

Future CWHC Electronic Bulletins

The CWHC newsletter will be issued as needed during the off-session and once a month or more often as needed beginning the month after the start of Connecticut's legislative session. These bulletins will not be limited to legislative information, nor will they be limited calls to action. **If you would like to post an announcement about a publication, conference or other event, please e-mail.**

To remove your name from our mailing list, please [click here](#). Comments or questions? Please [e-mail us!](#)

CWHC General Membership

Click on the links provided to see a list of existing [CWHC members](#), [our principles](#), and a [sign up sheet](#). CWHC will *not* ask members to sign on each year. If your organization is on the attached list, you are "grandmothered" into membership. If you wish to be a new member, please fill out [this form](#).

If you are an existing member that is no longer interested in membership, please [e-mail](#).

