

TESTIMONY REGARDING BILL # 1127  
AN ACT CONCERNING THE CHARTER OAK HEALTH PLAN

COMMITTEE ON HUMAN SERVICES  
March 15, 2007

KATHERINE S. YACAVONE, M.S.W.  
PRESIDENT/CEO SOUTHWEST COMMUNITY HEALTH CENTER, INC.  
CHAIR, CPCA BOARD OF DIRECTORS

Good afternoon, on behalf on CT's community health centers, I am testifying in support of the **Charter Oak Plan** as proposed by the Governor to increase access to affordable, quality health care for CT's uninsured residents. Connecticut's community health centers have been the cornerstone safety net providers of outpatient medical, dental and mental health services to the uninsured for over 30 years. For example, in 2005: **Over 18% of CT's uninsured residents were health center clients.**

To ensure optimal health for newborns, two health care interventions must occur. First, prenatal care must be available, affordable, and accessible to all pregnant women. Uninsured pregnant women, who are not eligible for HUSKY or SAGA, often delay seeking early prenatal care because of financial barriers. The community health centers remove these barriers to care as they provide a discounted fee schedule for uninsured persons with incomes at or below 200% of the Federal Poverty Level. Through this mechanism, women coming through our doors receive quality OB care.

Second, after delivery, newborns must receive their initial visit with a pediatrician at one-two weeks of age and thereafter, every month for the first six months as recommended by the American Academy of Pediatrics. These monthly visits include mandated immunizations (DPT, Polio, HIB, Hepatitis B, etc.) and well child checks. Income should not be a barrier to any infant receiving this care; yet, for some new moms, even with a discounted fee schedule at health centers, payment for services is difficult, and can be a disincentive to bringing the newborn in for essential pediatric visits.

The **Charter Oak Plan** will address the financial access barrier to care in two ways.

**\*First**, by mandating that presumptive eligibility for medical assistance be implemented for any uninsured newborn while in the hospital, as long as the

parent is eligible and enrolls in the HUSKY program. This will be a tremendous step forward to ensure that infants receive the pediatric care that is required for a healthy start in life.

**\*Second**, any uninsured newborn who meets eligibility for HUSKY PART B, and whose parent authorizes enrollment, will receive expedited enrollment and the State will pay for two months of the family premium. Hence, for HUSKY B eligible newborns, there is no financial impediment to their receipt of pediatric care during the first two months of life. This is a great first step towards ensuring a child's healthy beginning.

**In addition, Bill 1127 mandates that school boards verify each student's insurance annually.** This action step will detect the high rate of children without insurance, particularly in areas such as Bridgeport, where there is a high rate of mobility between school districts. Many children that are eligible for HUSKY benefits do not become enrolled, in part, because the parent or family changes residence frequently, are lost to follow-up efforts, and children attend more than one school during a given academic year. Annual verification followed by immediate outreach and HUSKY A or B or Charter Oak Plan enrollment will eliminate access barriers to receipt of pediatric care.

CT's "uninsured" population is not a homogeneous group. There are those who are the "working poor" holding down two to three part time jobs and who receive no health care benefits. Others such as recent college graduates work in higher wage jobs but their employer can not afford to offer health insurance benefits. For these groups **the Charter Oak Plan offers a basic insurance plan that will be partially subsidized by the State, dependent upon the enrollee's income. This is a first step in paring down the number of uninsured in CT. I would encourage the Department of Social Services to assess premium levels in order to offer affordable coverage to as many persons as possible.**

Whether persons are insured or uninsured, community health centers are the best health care delivery solution. But the cost of delivering care to the uninsured has grown tremendously at health centers. With the Governor's assistance, health centers are expanding their facilities to serve more of CT's population. But health centers must also be given adequate financial reimbursement for the comprehensive services they provide. Reimbursement levels for health centers under the Charter Oak Plan is unclear at this point in

**time. I urge the Department of Social Services to ensure that health centers are adequately reimbursed for delivery of care to Charter Oak Plan members.**

As I have testified previously, the community health centers pledge to work with any plan crafted by the Governor's Office or Legislature that will expand access to care for the State's uninsured and most vulnerable residents.

Thank you.