

Legislative Testimony – 2/26/2007

**Proposed Bill #6330: An Act Concerning an Appropriation for a
Community Health Access Management Program in Norwich**

To provide funding for the establishment of a program at William H. Backus Hospital to connect uninsured and underinsured residents of Norwich to affordable health care, prescription medications and community resources.

**Ann Marie Mackin, Supervisor of Community Outreach Services,
United Community and Family Services (UCFS)**

Good afternoon, Senator Handley and Representative Sayers and other members of the Public Health Committee. My name is Ann Marie Mackin and I am the Supervisor of Community Outreach Services at United Community and Family Services, Inc. in Norwich. United Community and Family Services, Inc. (UCFS) supports proposed bill 6330, an act concerning an appropriation for a community health access management program in Norwich. This bill provides the William W. Backus Hospital with the financial resources to expand its current Access to Care Program at the Hospital. This program was started as a pilot program through a HRSA, Healthy Communities Access Program grant in October of 2005. Currently, an Access to Care Specialist is available at the hospital, Monday through Friday from 8 a.m. – 12:00 p.m. The Specialist who is stationed in the busy Emergency Department assists uninsured individuals with a timely and onsite eligibility screening for public insurance programs including HUSKY, HUSKY B, Title 19 and SAGA. The Specialist helps with the insurance application process and acts as the client's authorized representative during the Department of Social Services' application review and approval process. The most important role of the Access to Care Specialist is to help uninsured individuals without a primary source of medical care other than the emergency department with a referral to a medical provider in most cases, a federally qualified health center. This bill would allow for the expansion of this crucial program.

Since October of 2006 UCFS, a federally qualified health center in Eastern Connecticut, has been collaborating with Backus Hospital in this endeavor. I am one of the staff that has been helping the uninsured in Backus' Emergency Department since October. Many of the clients that I have seen in the ED tell me that they have come to the ED because they have no insurance and no medical home. They almost never seek preventive care and frequently delay seeking treatment for even urgent medical needs. Other clients present to the ED with non-urgent medical conditions simply because they feel have no where else to turn, thus worsening ED overcrowding.

Clients seen by the Access to Care Specialist are not only screened for insurance eligibility. They are assisted in finding a primary medical home. Clients with medical homes are less likely to seek non-urgent care at the ED and more likely to receive the quality of medical care that can only be provided with continuity. Clients are also assisted

Page 2

Legislative Testimony-2/26/2007

**Proposed Bill #6330: An Act Concerning an Appropriation for a
Community Health Access Management Program in Norwich**

To provide funding for the establishment of a program at William H. Backus Hospital to connect uninsured and underinsured residents of Norwich to affordable health care, prescription medications and community resources.

**Ann Marie Mackin, Supervisor of Community Outreach Services,
United Community and Family Services (UCFS)**

in accessing a dental provider as well as many other community-based health and human services resources.

Before I close, I would like to tell you about a gentleman I recently helped. He presented to the ED for a problem that would not typically require the services of an emergency department physician. He did so because he did not know of any other alternative. This gentleman was once a successful businessman. Because of a series of circumstances in his life, he had become homeless and was living in his car. Because of our location in the ED, I was actually able to begin the SAGA application process as he waited for various test results to be reported to the physician. Upon discharge, he found himself needing a prescription which he could not afford. I was able to identify resources that allowed him to pick up the prescription at the pharmacy that day. Though it was quite difficult, my staff and I also helped him find a shelter where he could sleep and shower. We were able to get him an appointment with a primary care provider who spoke his native language within 72 hours. He was most grateful and indicated that he would have never known where to turn had we not been there.

I urge you to support the passage of HB 6330. Thank you for the opportunity to testify today.