STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

Testimony of Commissioner Cristine A. Vogel, MPH
Office of Health Care Access
Public Health Committee Public Hearing
Wednesday, January 31, 2007

Good Morning Senator Handley, Representative Sayers, Senator Roraback, Representative Carson and all distinguished members of the Public Health Committee. I am Commissioner Cristine Vogel of the Office of Health Care Access (OHCA) and it is my pleasure to speak today on the topic of access to quality and affordable health care, specifically the e-health initiatives and affordable health insurance.

I would like to first discuss access to affordable health insurance. Connecticut ranks well relative to other states with the number of uninsured residents. The Office of Health Care Access' 2006 Household Survey results identified 6.4% of Connecticut's population did not have health coverage at the time of the survey or approximately 220,000 residents; and up to 10% did not have coverage at some time during the year or nearly 347,000 people. The most beneficial way to narrow the gap of uninsured is to develop focused strategies that target those who are most likely to be uninsured. Although a large portion of the uninsured are within the lower income brackets and benefit from state programs, Connecticut has a large segment of uninsured individuals (19% of the uninsured) that are working and making incomes greater than 300% of the FPL, but still cannot afford the health coverage that exists today and need more affordable options.

Governor Rell announced the Charter Oak Health Plan (COHP) that as an option will offer basic, affordable coverage for one of the larger groups of the uninsured -- working single adults who do not have access to employer-sponsored insurance. The Governor's COHP is complimented by her HUSKY Health 2007 initiative which addresses an entirely preventable gap in children's health—of the 109,025 births in state hospitals over the past 30 months, 2,776 were identified as having no insurance coverage, even though they were eligible. HUSKY Health 2007 waives the premium for the first two months following birth regardless of income, eliminating any possible reason for not enrolling a newborn. Further this proposal includes notification by parents to schools as to whether their children have insurance at the beginning of every year which is not the case today.

It is widely known that when people do not have health insurance, they utilize health care services at a lower rate; and prolong necessary primary care services that eventually become serious chronic health issues. OHCA found that inpatient hospitalizations for the uninsured increased by 10% in the last 5 years and that many of the patients were younger than 40 years old. Enabling more people access to affordable health insurance will improve health status and health outcomes.

An Equal Opportunity Employer
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308
Telephone: (860) 418-7001 • Toll free (800) 797-9688
Fax: (860) 418-7053

An additional means to improve health outcomes will be the appropriate use of health information technology. Many states have or are developing groups to explore, plan and implement "e-health" initiatives. At the informational hearing on Monday before this very committee, we all heard the great progress that e-health Connecticut has accomplished. I have also recently attended a seminar in Washington, D.C. on "e-health" initiatives in order to learn the advances being made at the Federal level and in other States as a way to bring back to Connecticut lessons-learned as we take on this endeavor. As Commissioner of the OHCA I believe it is my responsibility to remain involved with the development of the "e-health" Connecticut initiatives as we take "issues of access" to newer level. To that end I intend to make myself and the agency available to help this lofty project become a reality.

The main benefits of moving toward e-health are that efficiencies are realized and quality of care is improved, such as, reduction in errors (especially medications), improvement in recording allergic reactions and other adverse responses, reduction in the number of duplicative laboratory and imaging tests, and possibly the reduction of unnecessary hospitalizations. As state government leaders, we need to find the delicate balance of improving quality of care, utilizing technology and protecting the privacy and security of Connecticut's citizens.

I am very pleased to see the wide array of health care options being placed on the table this legislative session. Each of the proposals adds value to the debate and allows us to consider what ultimately is best for the State's residents. I look forward to a continued dialogue and to improving access to affordable health insurance.

Thank you again for the opportunity to testify before you today. I will answer any questions you have for me at this time.