Connecticut State Medical Society
FOUNDED IN 1792

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Connecticut State Medical Society Testimony
In Support of
Senate Bill 203 An Act Concerning Full Payment Medical Assistance Providers for Services Provided to Dually Eligible Patients
Presented to the Human Services Committee
February 6, 2007

Senator Harris, Representative Villano and Members of the Human Services Committee, thank you for the opportunity to provide this testimony to you today in support of House **Senate Bill 203 An Act Concerning Full Payment Medical Assistance Providers for Services Provided to Dually Eligible Patients..** The Connecticut State Medical Society (CSMS) knows well the tremendous support given to this legislation by this Committee over the past few sessions. Unfortunately, we sit before you again this year asking for the same support.

The history of attempts to restore funding for dually eligible services has been complex. In 2002, the General Assembly appropriately restored funding for physician services for crossover claims to begin on July 1 of that year. Unfortunately, this funding was eliminated during the 2002 special session and replaced with language that did not guarantee restoration of funding for these necessary dual eligible services. Rather, funding was replaced with language allowing the Department of Social Services to increase certain physician fee codes on April 1, 2003 "within available appropriations. " Since that date, appropriations have not been available.

Physicians continue to come before the General Assembly on behalf of the 70,000 Connecticut residents who qualify for both Medicare and Medicaid, including many low-income elderly patients, nursing home patients, kidney dialysis patients, and disabled patients of all ages. These are people who often need comprehensive, if not intensive, medical care. These patients are being adversely affected by the elimination of funding because it is their access to quality medical care that is threatened.

We are proud of the physicians in this state who have continued to provide quality care to patients who cannot pay or who are covered by Medicaid. However, it is becoming increasingly difficult to do so. Costs associated with maintaining a medical practice continue to climb dramatically. Physicians pay more and more to keep their practices open, while payers continue to reduce and delay reimbursements.

Despite no meaningful increase in physician Medicaid reimbursement rates over the past ten years, a many doctors have continued to see Medicaid patients because of a sense of

moral duty. However, many medical practices must decide whether they can afford to have their physicians leave the office and travel to nursing homes to provide the time-intensive medical treatment that these patients need. They also must adjudicate payers ensure that payments offered will keep their practices viable. In this past year, many physicians have continued to cut back on accepting nursing home patients and many nursing home medical directors are finding it increasingly difficult to find primary care and specialist physicians to provide services. The longer this trend is allowed to continue, the more difficult it will be to reverse.

You have listened to these statements for several years. This committee has taken the appropriate action in the past and must do so again this year. The duty and responsibility that we have to treat our Medicaid patients is a duty and responsibility that we all share. Cutting this funding directly affected our most vulnerable patients and future access to medical care for these patients.

Please support Senate Bill 203