

HUMAN SERVICES COMMITTEE  
PUBLIC HEARING  
FEBRUARY 6, 2007

Senator Harris, Representative Villano, members of the committee, I am Dr. Jerry Hardison, practicing optometrist here in Hartford. I would like to comment on two proposed bills, SB 201 and SB 203.

SB 201 seeks improved reimbursement to providers of vision care services under the SAGA program. The SAGA vision care program was, as you know, reinstated in the last session. The SAGA program, as well all Medicaid managed care programs, reimburses providers at rates far below the standard Medicaid fee schedule.

It is not only hospitals that face the challenges that come with providing care for Medicaid recipients. Those private health care offices located in urban centers that accept Medicaid are often inundated with requests for care. It is at times an overwhelming challenge to balance the poor reimbursement from Medicaid plans with the ever increasing costs of overhead, qualified staff, new diagnostic technologies and the need to provide a comfortable working and patient environment. At the very least reimbursement levels for any service under Medicaid programs and SAGA should never be below accepted Medicaid levels.

I am submitting to you revised language for SB 201 which expands the scope of the bill to include all Medicaid managed care programs. I would also request that you consider mandating direct access to vision and eye care providers. As is recognized more and more by commercial carriers, a gatekeeper requirement for medical eye care is not a very efficient and accessible system.

Additionally, I ask your support for SB 203. For the past 15 years health care providers have had to accept, as payment in full, 80% of the Medicare allowable amount for services. SB 203 would restore the responsibility of the Medicaid program to cover Medicare coinsurance and deductibles.

Health care providers who work in urban centers face many challenges in caring for the Medicaid population, a population that often has greater health care needs than the general population. If these needs are to be addressed and access to care improved, providers must be assured that they will be adequately reimbursed and given the flexibility to manage care. These two bills are two small steps forward in this process. Thank you.

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**Proposed Language for SB 201:**

The Commissioner of Social Services shall reimburse providers of vision care and medical eye care services under the Medicaid managed care programs and the state-administered general assistance program at a rate that is equal to the rate paid to providers of comparable services under the full Medicaid program. Such reimbursement rate shall be retroactive to all services provided on or after January 2, 2007, and shall remain in place in subsequent fiscal years. All recipients of vision care services and Medical eye care services under these programs shall have direct access to said providers without the need for referral.