



**Testimony of Phil Sherwood  
Before Human Services, Tuesday, February 26<sup>th</sup>, 2008**

Good morning Senator Harris, Representative Villano and other members of the Human Services Committee. My name is Phil Sherwood, and I am the Legislative Director for the Connecticut Citizen Action Group (CCAG) and interim Director of the Health Care for All Coalition (HCFA). CCAG has approximately 30,000 member families across CT and is one of the lead groups of HCFA and I appreciate the opportunity to comment before your committee today.

We would like to express support for **HB 5617 AN ACT DELAYING IMPLEMENTATION OF AND MAKING REVISIONS TO THE CHARTER OAK HEALTH PLAN.**

We have worked hard to ensure that those who have both private and state health care plans get the quality, affordable health care that they need—be it a wheel chair or be it mental health coverage. We commend Gov. Rell and any other legislator attempting to make health care affordable, guaranteed, and more preventative. The Charter Oak Plan, unfortunately, attempts to accomplish affordability by denying health care that people will actually need.

As written, the Charter Oak Plan is a cruel hoax foisted on the legislature and falls short of meeting the type of serious health care reforms that advocates and people have been clamoring for. It by no means gives people the control and peace of mind that they expect and deserve.

One might think that the design of the Charter Oak Plan was the end result of trying to design a health care plan that guarantees insurance companies profits instead of a plan that guarantees access to the health care that people need. Most would likely agree that increasing profits by denying coverage to people with pre-existing conditions is morally outrageous and it's the obligation of the legislature to crack down on this practice not encourage it.

As much as I am sure the insurance companies appreciate legislation looking out for their interests, substantive changes are needed so as to assure that Charter Oak is no different than the health care plans you see marketed on TV at 3am.. Without truly substantive changes, the Charter Oak Plan is capable of making inroads in the effort to provide quality, affordable health care for those who can't afford it.

Some of the substantial improvements made by HB5617 are:

- Mental health parity is required
- Drug and durable medical equipment caps are removed
- Cost-sharing is reduced
- Comprehensive dental and vision care is required to be covered
- Six-month waiting period is removed
- Authorization to provide more limited "alternative" benefits is removed
- Lifetime maximum benefit cap is removed
- External appeals are required

HCFA also objects to the Governor's proposal in Section 1 of SB 34 which would eliminate the provision for medical interpretation services that was passed last year. The barrier that exists for those that have problems with English proficiency cause poor and missed diagnoses and too often result in more costly and lower quality health care.

Researchers at the CT Health Foundation estimated that after a 50% federal Medicaid match, the cost to the state would be \$2.4 million annually. This is a vital service that should not be eliminated.

I would like to thank the Committee for spending so much time and investing so much though into how we can provide affordable health care for all of CT's residents and protecting taxpayers from poorly conceived health care plans that fall short of the publics expectations of quality health care should be.

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