Testimony

Raised Bill No. 5617 : AN ACT DELAYING IMPLEMENTATION OF AND MAKING REVISIONS TO THE CHARTER OAK HEALTH PLAN.

Submitted By: Mark Masselli, President/CEO ,
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Public Hearing Date: February 26, 2008

Senator Harris, Representative Villano and members of the Human Services Committee, I appreciate the opportunity to provide testimony regarding raised bill number 5615

My name is Mark Masselli, President/CEO of Community Health Center Inc. On behalf of CHC, I am here to express serious reservations about the proposed changes that Raised bill 5617 would have on the establishment of the Charter Oak Health plan

As you know, the Community Health Center Inc. is Connecticut's largest community health center, with a thirty-five year history of providing medical, dental and behavioral health services in primary care centers, schools, and many community-based settings. We are one organization; located in 19 communities with delivery sites in 135 locations across the State of Connecticut Most of the 70,000 patients who consider us their Health care home are either underserved or uninsured.

I spoke along with other Health Center Directors, last March, in support of the Charter Oak Health Plan. I expressed the belief then, as I do now, that the Governor's proposal to create a program for the uninsured starts the effort on the right foot. I also believe that the benefit changes that the Commissioner of Social Services has made to the program - subsequent to its passage - with input from this committee and other members of the House and Senate - has been wise.

As I read the raised bill, it raises some important coverage and benefit issues, but it seems that if adopted it would delay the implementation of the Plan as well as uncouple it from the HUSKY program.
I believe that would be unwise as it would on one hand delay the start date and loose the leverage and integration that combining both programs in the RFP could realize.

I understand well that the proposed changes would provide additional protections to the uninsured, but the reality of financing and politics don't always lend themselves to getting everything we need in ground breaking legislation. Just look at the History of the Medicare and Medicaid programs – Medicaid when authorized, in 1965, didn't have an EPSDT program – and it was only 10 years ago that the S -CHIP program benefits were added. This is also true for Medicare - which didn't begin with benefits for individuals under 65 who had long-term disabilities and to individuals with end-stage renal disease –and again, only relatively recently did the program allow for a prescription benefit.

Those early pioneers who created Medicaid and Medicare were cognizant of these program's limitations but they cautioned against an instinct that all of us have – of killing the good in pursuit of the perfect.

I respectfully, ask the Committee, to allow the Charter Oak Health Plan to continue on its path and to continue to watch and monitor its progress – We will soon get important data on pricing and later on the utilization - as the program gets underway. These data points will allow us to better understand which changes can help improve the program – and I know this committee will be in the leadership to make improvements in its scope and coverage – thank you