



**Testimony of Kevin Lembo, State Healthcare Advocate
Before the Public Health Committee, Connecticut General Assembly
In Support of Senate Bill 283
February 29, 2008**

Good morning Senator Handley, Representative Sayers, Senator Roraback, Representative Carson, and members of the Public Health Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. I offer this testimony in support of Raised Senate Bill 1189, *An Act Concerning the Availability of Hospice Services Under the Medicaid Program*.

I know that there are several other bills that have proposed the inclusion of the hospice benefit in the Medicaid program. Connecticut is one of only three states that currently does not cover hospice in its Medicaid program. This is one statistic that we need to change.

While I applaud the Governor's proposal to address hospice services, it is unnecessary to spend a year studying the issue. There's no good reason to wait.

One of the reasons used to exclude hospice coverage for Medicaid enrollees in the past is the fact that hospice coverage is available to Medicaid enrollees who are also Medicare enrollees, whom many people refer to as "dual-eligibles". While there are dual-eligibles in Connecticut's Medicaid program, there are a far greater number of Medicaid-only recipients who would potentially benefit from the availability of hospice benefits, and there are certainly some who might benefit now from this much needed benefit. All people should have the opportunity to die with dignity, and hospice services help to support patients and families through the dying process.

Some of the services that hospice provides are individually available to Medicaid recipients, but there are many components that are not. One of the wonderful things about good hospice care is the seamless coordination of clinical, emotional and spiritual care. Most commercially insured and Medicare eligible families don't need to worry about this coordination. It happens largely outside of their awareness so that they can focus on their loved one and other family members. Enrollees in our state Medicaid program deserve this same level of support.

There are also good economical reasons to include hospice care in Medicaid. Among them is the potential cost savings realized by limiting or preventing recurrent emergency room visits at a hospital when a person is actively dying and dealing with those stressors.

S.B. 283 also preserves the language of last year's legislation that required the provision of interpreter services in Medicaid. I have already expressed opposition to the Governor's proposed cut of these services in her budget adjustments, and I am pleased to see the services included in this bill. Interpreter services are a critical component to ensuring access to medically necessary and appropriate healthcare.

I hope that you will support S.B. 283, and we will work with you to shepherd it to passage.

OHA also supports H.B. 5446 which seeks to restore some much needed balance in the contractual bargaining power between physicians and insurers. We believe that the restoration of a more equal relationship between physicians and insurers benefits consumers whose access to care depends upon each and every one of these agreements. Unilateral changes in these contracts need to be prohibited. Changes in fee schedules are at the root of the uneven bargaining power. They require meaningful and individualized negotiations. It is ultimately the consumer who becomes the beneficiary of a bad bargain between physicians and insurer.

Thank you for your time today and I am happy to answer any questions.